



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2010

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 139558		2. Exact name of the limited liability company Port City, LLC	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Engineering	
5. Principal office address 117 Black Point Lane		City Portsmouth	State RI
		Zip 02871	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Courtney Camera		Contact Title Office Administrator	
Street Address 117 Black Point Lane		City Portsmouth	State RI
		Zip 02871	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name <i>No Managers</i>		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name <i>Michael Camera</i>		Address <i>117 Black Point Lane</i>	
Address		City <i>Portsmouth</i>	Zip <i>02871</i>

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 RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIVISION

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

139558

FILED

File Date DEC 21 2011
 Check No. 159096 10:40
 By: **BY** Michael Camera
 FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

[Signature]
 Signature of Authorized Person _____ Date _____
 MICHAEL V. CAMERA
 Print or Type Name of Authorized Person