



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>157828</b>		2. Exact name of the Corporation <b>Ports America Management Corp.</b>			
3. Principal office address <b>241 Calcutta Street - 3rd. Floor</b>			City <b>Newark</b>	State <b>New Jersey</b>	Zip <b>07114</b>
4. Business Phone No. <b>973-522-2211</b>		5. State of Incorporation <b>New York</b>			
6. Brief description of the character of business conducted in Rhode Island <b>Management Service</b>					
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>					
President Name <b>Michael Hassing</b>			Vice-President Name <b>Mark Cummings</b>		
Street Address <b>55 N Arizona Place, Suite 400</b>			Street Address <b>55 N Arizona Place, Suite 400</b>		
City <b>Chandler</b>	State <b>Arizona</b>	Zip <b>85225</b>	City <b>Chandler</b>	State <b>Arizona</b>	Zip <b>85225</b>
Secretary Name <b>Ray McQuiston</b>			Treasurer Name <b>Rob Ryan</b>		
Street Address <b>55 N Arizona Place, Suite 400</b>			Street Address <b>55 N Arizona Place, Suite 400</b>		
City <b>Chandler</b>	State <b>Arizona</b>	Zip <b>85225</b>	City <b>Chandler</b>	State <b>Arizona</b>	Zip <b>85225</b>
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>					
Director Name <b>Chris Beall</b>			Director Name <b>James Kowalishin</b>		
Street Address <b>55 N Arizona Place, Suite 400</b>			Street Address <b>55 N Arizona Place, Suite 400</b>		
City <b>Chandler</b>	State <b>Arizona</b>	Zip <b>85225</b>	City <b>Chandler</b>	State <b>Arizona</b>	Zip <b>85225</b>
Director Name <b>Michael Hassing</b>			Director Name <b>Andrew Nevin</b>		
Street Address <b>55 N Arizona Place, Suite 400</b>			Street Address <b>55 N Arizona Place, Suite 400</b>		
City <b>Chandler</b>	State <b>Arizona</b>	Zip <b>85225</b>	City <b>Chandler</b>	State <b>Arizona</b>	Zip <b>85225</b>
<b>9. SHARES AUTHORIZED</b>			<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			300	Common	\$100

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date \_\_\_\_\_  
 Check No \_\_\_\_\_  
 By \_\_\_\_\_  
 FOR SECRETARY OF STATE USE ONLY

**FILED**  
 FEB 13 2013  
 013943

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.

*Michael Bellifemini* 2/11/13  
 Signature of Authorized Representative Date

**Michael Bellifemini**  
 Print or Type Name of Authorized Representative