



Department of State - Business Services Division

FILED

MAR 15 2019

BY

114102
[Signature]

Annual Report for the year: **2019**

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 001102311		2. Exact name of the Corporation PORTS AMERICA TERMINAL INC			
3. Principal Office Address 55 N ARIZONA PL, STE 400			City CHANDLER	State AZ	Zip 85225
4. NAICS Code 488320		6. Brief description of the character of business conducted in Rhode Island STEVEDORING SERVICES AND PORT TERMINAL OPERATIONS			
5. State of Incorporation DE					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MARK MONTGOMERY			Vice-President Name TIM SMITH		
Street Address 55 N ARIZONA PL. STE 400			Street Address 55 N ARIZONA PL, STE 400		
City CHANDLER	State AZ	Zip 85225	City CHANDLER	State AZ	Zip 85225
Secretary Name MICHAEL B HOLT			Treasurer Name MICHAEL LAFEMINA		
Street Address 55 N ARIZONA PL. STE 400			Street Address 55 N ARIZONA PL. STE 400		
City CHANDLER	State AZ	Zip 85225	City CHANDLER	State AZ	Zip 85225
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
					PAR VALUE
					.01
11. 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. 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.					
Name of Authorized Representative TIM SMITH				Date 3/5/19	
Signature of Authorized Representative <i>[Signature]</i> SIGN DOCUMENT HERE					