



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**Annual Report for the year: 2020**  
**Corporation**

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

**FILED**

**MAR 13 2020**

BY

*17926 DS*

1. Entity ID Number <b>001102311</b>		2. Exact name of the Corporation <b>PORTS AMERICA TERMINAL INC</b>			
3. Principal Office Address <b>55 N ARIZONA PL, STE 400</b>		City <b>CHANDLER</b>		State <b>AZ</b>	Zip <b>85225</b>
4. NAICS Code <b>488320</b>		6. Brief description of the character of business conducted in Rhode Island <b>STEVEDORING SERVICES AND PORT TERMINAL OPERATIONS</b>			
5. State of Incorporation <b>DE</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>MARK MONTGOMERY</b>			Vice-President Name <b>TIM SMITH</b>		
Street Address <b>525 WASHINGTON BLVD STE 1660</b>			Street Address <b>55 N ARIZONA PL STE 400</b>		
City <b>JERSEY CITY</b>	State <b>NJ</b>	Zip <b>07310</b>	City <b>CHANDLER</b>	State <b>AZ</b>	Zip <b>85225</b>
Secretary Name <b>PATRICK WHELAN</b>			Treasurer Name <b>MICHAEL LAFEMINA</b>		
Street Address <b>525 WASHINGTON BLVD STE 1660</b>			Street Address <b>525 WASHINGTON BLVD STE 1660</b>		
City <b>JERSEY CITY</b>	State <b>NJ</b>	Zip <b>07310</b>	City <b>JERSEY CITY</b>	State <b>NJ</b>	Zip <b>07310</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>MARK MONTGOMERY</b>			Director Name <b>RICHARD SURETT</b>		
Street Address <b>525 WASHINGTON BLVD STE 1660</b>			Street Address <b>525 WASHINGTON BLVD STE 1660</b>		
City <b>JERSEY CITY</b>	State <b>NJ</b>	Zip <b>07310</b>	City <b>JERSEY CITY</b>	State <b>NJ</b>	Zip <b>07310</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<b>0</b>		<b>.01</b>
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. <i>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.</i>					
Name of Authorized Representative <b>TIM SMITH</b>				Date <b>3/13/20</b>	
Signature of Authorized Representative  <i>[Signature]</i>					

SIGN DOCUMENT HERE