



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 80294		2. Name of Corporation PORTER MACHINE, INC.			
3. Street Address Principal Business Office 765 VICTORY HIGHWAY		City WEST GREENWICH		State RI	Zip 02817
4. Business Phone No. 397-8889		5. State of Incorporation RHODE ISLAND			6. SIC Code 1099
7. Brief Description of the Character of Business Conducted in Rhode Island TO OPERATE A MACHINE SHOP.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name EARL WILLIAM PORTER			Vice President Name NONE		
Street Address 765 VICTORY HIGHWAY			Street Address		
City WEST GREENWICH	State RI	Zip 02817	City	State	Zip
Secretary Name EARL WILLIAM PORTER			Treasurer Name EARL WILLIAM PORTER		
Street Address SAME AS ABOVE			Street Address SAME AS ABOVE		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name EARL WILLIAM PORTER			Director Name NONE		
Street Address SAME AS ABOVE			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			100	COMMON	NO PAR VALUE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date	8/22/05
Check No.	8910
By:	DA
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 of Officer
EARL WILLIAM PORTER

Print or Type Name of Officer
PRESIDENT

Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 80294		2. Name of Corporation PORTER MACHINE, INC.			
3. Street Address Principal Business Office 765 VICTORY HIGHWAY		City WEST GREENWICH	State RI	Zip 02817	
4. Business Phone No. 4013978889	5. State of Incorporation RHODE ISLAND		6. SIC Code 1099		
7. Brief Description of the Character of Business Conducted in Rhode Island TO OPERATE A MACHINE SHOP.					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Earl William Porter		Vice President Name None			
Street Address 765 Victory Highway		Street Address			
City West Greenwich	State RI	Zip 02817	City	State Zip	
Secretary Name Earl William Porter		Treasurer Name Earl William Porter			
Street Address Same as above		Street Address Same as above			
City	State	Zip	City	State Zip	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Earl William Porter		Director Name None			
Street Address Same as above		Street Address			
City	State	Zip	City	State Zip	
Director Name None		Director Name None			
Street Address		Street Address			
City	State	Zip	City	State Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>		11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>			
AUTHORIZED SHARES		ISSUED SHARES			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			100	Common	No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



8 0 2 9 4

80294 DBC 08/30/04 09:52:11 AM

File Date 10-14-04

Check No. 8514

By: EC

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 of Officer Earl William Porter Date _____
Print or Type Name of Officer
President
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

80294

2. Name of Corporation

PORTER MACHINE, INC.

3. Street Address Principal Business Office

765 VICTORY HIGHWAY

City

State

Zip

WEST GREENWICH RI

02817

4. Business Phone No.

397-8889

5. State of Incorporation

RHODE ISLAND

6. SIC Code

1099

7. Brief Description of the Character of Business Conducted in Rhode Island

TO OPERATE A MACHINE SHOP TO MANUFACTURE PRECISION PARTS AND TO DO ALL OTHER BUSINESS A CORPORATION IS ENTITLED TO UNDER THE PROVISIONS OF RHODE ISLAND GENERAL LAWS -

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

EARL WILLIAM PORTER

Vice President Name

NONE

Street Address

765 VICTORY HIGHWAY

Street Address

City

State

Zip

WEST GREENWICH RI 02817

City

State

Zip

Secretary Name

EARL WILLIAM PORTER

Treasurer Name

EARL WILLIAM PORTER

Street Address

SAME AS ABOVE

Street Address

SAME AS ABOVE

City

State

Zip

City

State

Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

EARL WILLIAM PORTER

Director Name

NONE

Street Address

SAME AS ABOVE

Street Address

City

State

Zip

City

State

Zip

Director Name

NONE

Director Name

NONE

Street Address

Street Address

City

State

Zip

City

State

Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) ☐

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

COMMON

NO PAR VALUE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 8 0 2 9 4 *

File Date: 10.24.03

Check No.: 8091

By: [Signature]

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 of Officer

Date

Print or Type Name of Officer

EARL WILLIAM PORTER

Title of Officer

PRESIDENT



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

80294

2. Name of Corporation

PORTER MACHINE, INC.

3. Street Address Principal Business Office

765 VICTORY HIGHWAY

City

State

Zip

WEST GREENWICH RI

02817

4. Business Phone No.

397-8889

5. State of Incorporation

RHODE ISLAND

6. SIC Code

1099

7. Brief Description of the Character of Business Conducted in Rhode Island

TO OPERATE A MACHINE SHOP TO MANUFACTURE PRECISION PARTS AND TO DO ALL OTHER BUSINESS A

CORPORATION IS ENTITLED TO UNDER THE PROVISIONS OF RHODE ISLAND GENERAL LAWS

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

EARL WILLIAM PORTER

Vice President Name

NONE

Street Address

765 VICTORY HIGHWAY

Street Address

City

State

Zip

City

State

Zip

WEST GREENWICH, RI 02817

Secretary Name

EARL WILLIAM PORTER

Treasurer Name

EARL WILLIAM PORTER

Street Address

Street Address

City

SAME AS ABOVE

State

Zip

City

SAME AS ABOVE

State

Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

EARL WILLIAM PORTER

Director Name

NONE

Street Address

Street Address

City

SAME AS ABOVE

State

Zip

City

State

Zip

Director Name

NONE

Director Name

NONE

Street Address

Street Address

City

State

Zip

City

State

Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) ☐

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

COMMON

NO PAR VALUE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 8 0 2 9 4 *

File Date: 2-6-02

Check No.: 7652

By: [Signature]

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 of Officer

Date

EARL WILLIAM PORTER

Print or Type Name of Officer

PRESIDENT

Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. 80294 2. Name of Corporation PORTER MACHINE, INC.

3. Street Address Principal Business Office

765 VICTORY HIGHWAY

City

State

Zip

WEST GREENWICH RI

02817

4. Business Phone No.

397-8889

5. State of Incorporation
RHODE ISLAND

6. ~~9099~~

7. Brief Description of the Character of Business Conducted in Rhode Island

TO OPERATE A MACHINE SHOP TO MANUFACTURE PRECISION PARTS AND TO DO ALL OTHER BUSINESS A CORPORATION IS ENTITLED TO UNDER THE PROVISIONS OF RHODE ISLAND GENERAL LAWS

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name

EARL WILLIAM PORTER

Vice President Name

NONE

Street Address

765 VICTORY HIGHWAY

Street Address

City

State

Zip

WEST GREENWICH RI 02817

City

State

Zip

Secretary Name

EARL WILLIAM PORTER

Treasurer Name

EARL WILLIAM PORTER

Street Address

Street Address

City

SAME AS ABOVE

State

Zip

City

SAME AS ABOVE

State

Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name

EARL WILLIAM PORTER

Director Name

NONE

Street Address

SAME AS ABOVE

Street Address

City

State

Zip

City

State

Zip

Director Name

NONE

Director Name

NONE

Street Address

Street Address

City

State

Zip

City

State

Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

COMMON

NO PAR VALUE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 8 0 2 9 4 *

File Date: 3/6

Check No.: 7138

By: Cu

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 of Officer

Date

EARL WILLIAM PORTER
Print or Type Name of Officer

PRESIDENT
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No.

2. Name of Corporation

80294

PORTER MACHINE, INC

3. Street Address Principal Business Office

City

State

Zip

765 VICTORY HIGHWAY

WEST GREENWICH

RI

02817

4. Business Phone No.

5. State of Incorporation

6. SIC Code

397-8889

RHODE ISLAND

1099

7. Brief Description of the Character of Business Conducted in Rhode Island

TO OPERATE A MACHINE SHOP TO MANUFACTURE PRECISION PARTS AND TO ALL OTHER BUSINESS A

CORPORATION IS ENTITLED TO UNDER THE PROVISIONS OF RHODE ISLAND GENERAL LAWS

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

Vice President Name

EARL WILLIAM PORTER

NONE

Street Address

Street Address

765 VICTORY HIGHWAY

City

State

Zip

City

State

Zip

WEST GREENWICH RI 02817

Secretary Name

Treasurer Name

EARL WILLIAM PORTER

EARL WILLIAM PORTER

Street Address

Street Address

SAME AS ABOVE

City

State

Zip

SAME AS ABOVE

City

State

Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name

EARL WILLIAM PORTER

NONE

Street Address

Street Address

SAME AS ABOVE

City

State

Zip

City

State

Zip

Director Name

Director Name

NONE

NONE

Street Address

Street Address

SAME AS ABOVE

City

State

Zip

City

State

Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

ISSUED SHARES

Number of Shares

Class/Series

Par Value

Number of Shares

Class/Series

Par Value

1,000 SHS COMMON NO PAR VALUE

100

COMMON

NO PAR VALUE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

PAID

File Date: MAY 22 2000

Check No.: SECY OF STATE

By: RECEIVED

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 of Officer

Date

EARL WILLIAM PORTER

Print or Type Name of Officer

PRESIDENT

Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1999**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. 80294		2. Name of Corporation PORTER MACHINE, INC.			
3. Street Address Principal Business Office 765 Victory Highway		City West Greenwich	State RI	Zip 02817	
4. Business Phone No. 397-8889		5. State of Incorporation RHODE ISLAND			6. SIC Code 1099
7. Brief Description of the Character of Business Conducted in Rhode Island To operate a machine shop to manufacture precision parts and to all other business a corporation is entitled to under the provisions of Rhode Island General Laws					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name EARL WILLIAM PORTER			Vice President Name none		
Street Address 2234 Flat River Road			Street Address		
City Coventry	State RI	Zip 02816	City	State	Zip
Secretary Name EARL WILLIAM PORTER			Treasurer Name EARL WILLIAM PORTER		
Street Address SAME AS ABOVE			Street Address SAME AS ABOVE		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name EARL WILLIAM PORTER			Director Name NONE		
Street Address SAME AS ABOVE			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 SHS NO PAR VALUE			100	common	no par value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 8 0 2 9 4 *

FILED

File Date: **SEP 13 1999**
Check No.: **007385**
By: _____

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.

Earl William Porter
Signature of Officer
EARL WILLIAM PORTER Date **9/11/1999**
PRESIDENT
Print or Type Name of Officer

Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 0080294 2. Name of Corporation PORTER MACHINE, INC.
3. Street Address Principal Business Office 2234 FLAT RIVER ROAD City COVENTRY State RI Zip 02816
4. Business Phone No. (401) 397-8889 5. State of Incorporation RHODE ISLAND 6. SIC Code 1099

7. Brief Description of the Character of Business Conducted in Rhode Island

TO OPERATE A MACHINE SHOP TO MANUFACTURE PRECISION PARTS AND TO DO ALL OTHER THINGS A CORPORATION IS ENTITLED TO UNDER THE PROVISIONS OF RI GENERAL LAWS

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) ☒

President Name	Vice President Name
<u>EARL WILLIAM PORTER</u>	
Street Address	Street Address
<u>2234 FLAT RIVER ROAD</u>	
City	City
<u>COVENTRY, RI</u>	
State	State
<u>02816</u>	
Zip	Zip
Secretary Name	Treasurer Name
<u>EARL WILLIAM PORTER</u>	<u>EARL WILLIAM PORTER</u>
Street Address	Street Address
<u>SAME AS ABOVE</u>	<u>SAME AS ABOVE</u>
City	City
State	State
Zip	Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) ☒

Director Name	Director Name
<u>EARL WILLIAM PORTER</u>	
Street Address	Street Address
<u>SAME AS ABOVE</u>	
City	City
State	State
Zip	Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) ☒

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<u>1000 - NO PAR VALUE</u>			<u>NONE</u>		

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) ☒

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

File Date: 6/23/98

Check No.: 206067

By: ICD

FOR SECRETARY OF STATE USE ONLY

Signature of Officer Earl William Porter Date

EARL WILLIAM PORTER
Print or Type Name of Officer

PRESIDENT
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040



PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 0080294 2. Name of Corporation PORTER MACHINE, INC.
3. Street Address Principal Business Office 2234 FLAT RIVER ROAD City COVENTRY State RI Zip 02816
4. Business Phone No. (401) 397-8889 5. State of Incorporation RHODE ISLAND 6. SIC Code 1099
7. Brief Description of the Character of Business Conducted in Rhode Island TO DO UNDER RI GENERAL LAWS.

TO OPERATE A MACHINE SHOP TO MANUFACTURE PRECISION PARTS + DO ALL OTHER THINGS A CORPORATION IS ENTITLED

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name	Vice President Name
EARL WILLIAM PORTER	NONE
Street Address	Street Address
2234 FLAT RIVER ROAD	
City	City
COVENTRY RI	
State	State
Zip	Zip
02816	
Secretary Name	Treasurer Name
EARL WILLIAM PORTER	EARL WILLIAM PORTER
Street Address	Street Address
AS ABOVE	AS ABOVE
City	City
State	State
Zip	Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name	Director Name
EARL WILLIAM PORTER	NONE
Street Address	Street Address
AS ABOVE	
City	City
State	State
Zip	Zip
Director Name	Director Name
NONE	NONE
Street Address	Street Address
City	City
State	State
Zip	Zip

10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000		NO PAR VALUE	NONE		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: 6/19/97
Check No.: 4859
By: EW
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 of Officer: [Signature] Date: 6-17-97
Print or Type Name of Officer: EARL WILLIAM PORTER
Title of Officer: PRESIDENT

PROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations
James R. Langevin, Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1
Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 80294		2. NAME OF CORPORATION PORTER MACHINE, INC.	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 2234 FLAT RIVER ROAD		CITY COVENTRY	STATE RI
4. BUSINESS PHONE NO. (401) 397 8889		5. STATE OF INCORPORATION RHODE ISLAND	6. SIC CODE 1099
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND TO OPERATE A MACHINE SHOP, TO MANUFACTURE PRECISION MACHINE PARTS			

8. NAMES AND ADDRESSES OF THE OFFICERS		
PRESIDENT NAME EARL WILLIAM PORTER		
VICE PRESIDENT NAME NONE		
STREET ADDRESS 2234 FLAT RIVER RD		
CITY COVENTRY	STATE RI	ZIP CODE 02816
SECRETARY NAME EARL WILLIAM PORTER		
TREASURER NAME EARL WILLIAM PORTER		
STREET ADDRESS AS ABOVE		
CITY	STATE	ZIP CODE

9. NAMES AND ADDRESSES OF THE DIRECTORS		
DIRECTOR NAME EARL WILLIAM PORTER		
STREET ADDRESS AS ABOVE		
CITY	STATE	ZIP CODE
DIRECTOR NAME NONE		
STREET ADDRESS NONE		
CITY	STATE	ZIP CODE

10. SHARES AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
1,000 SHS	NO PAR VALUE		NONE		

This report must be **SIGNED IN INK** by either the
President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

File Date: 4/18/96
Check No: 0002827
By: *[Signature]*
For Secretary of State Use Only

Signature of Officer
EARL WILLIAM PORTER
Print or Type Name of Officer
PRESIDENT
Title of Officer
3-1-96
Date

ANNUAL REPORT

Please Type or Print
 File Annually - Jan. 1 - March 1
 Filing Fee \$50.00
 Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID: 0080294 Annual Report for the year: 1995

Name of Corporation: PORTER MACHINE, INC.

Business entity organized under the laws of the State of: RI

For foreign entity, address and telephone number of principal office:

Phone: ()

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

2234 FLAT RIVER RD.
COVENTRY RI 02816

Phone: (401) 397-8889

Business Entity is (check one):

☒ Business Corporation (See RIGL Chapter 7-1.1)

☐ Professional Service Corporation (See RIGL Chapter 7-5.1)

Brief statement of the character of business conducted in Rhode Island:

TO OPERATE A MACHINE SHOP, TO
MANUFACTURE PRECISION PARTS
AND TO DO ALL OTHER THINGS A
CORPORATION IS ENTITLED TO
UNDER THE PROVISIONS OF RHODE
ISLAND GENERAL LAWS.

THE NAMES OF THE OFFICERS ARE:

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
EARL WILLIAM PORTER	2234 FLAT RIVER RD	COVENTRY RI	02816

VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE

SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
EARL WILLIAM PORTER	AS ABOVE		

TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
EARL WILLIAM PORTER	AS ABOVE		

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
EARL WILLIAM PORTER	AS ABOVE		

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

Number of Shares Class / Series

1000 - NO PAR VALUE

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares Class / Series

Date 10-12, 19 95

By: EARL WILLIAM PORTER

PRINT OR TYPE NAME OF OFFICER SIGNING

TITLE OF OFFICER SIGNING

PRESIDENT

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

55: WA 08 11 81 100

RECEIVED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

PAID

OCT 13 1995

SECRETARY OF STATE