

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

Matthew A. Brown, Secretary of State

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		7	11

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 BIACK)

			<del>-</del>				
1. Corporate ID No.	2. Name of Corporatio						
80294	PORTER MACI	HINE, INC.					
3 Street Address Principal Business 765 VICTORY	-		WEST GREENWICH	State Ri	<sup>zip</sup> 02817		
4. Business Phone No.		5 State of Incorporat	ion		6. SIC Code		
397-8889		RHODE ISLA	ND		1099		
7. Brief Description of the Chamaca TO OPERATE A MACH	er of Business Conducted (n IINE SHOP.	Rhode Island					
	S OF THE OFFICERS	S: ("X" BOX FOR A	TTACHMENT)   FILL IN SPA	CES BEFORE USING	ATTACHMENTS		
President Name			Vice President Name				
EARL WILLIAM	PORTER	<del></del>	NONE				
Street Address			Street Address				
765 VICTORY E	IGHWAY State	Zip	- CON.	State	7%		
•	1	1 '	City.	State	Zip		
WEST-GREENV	VICHRI02	817	Treasurer Name	.1			
EARL WILLLIAM			EARL WILLIAM	PORTER			
Sirect Address			Street Address	\			
SAME AS ABOVE			SAME AS ABO	VE			
City	State	Zιρ	City	State	Zıp		
9. NAMES AND ADDRESSE	I ES OF THE DIRECTO	RS: <i>("X" BOX FOR</i>	ATTACHMENT)       FILL IN SI	ACES BEFORE USI	NG ATTACHMENTS		
Director Name	•	<del>-</del> ` <del></del>	Director Name				
EARL WILLIA	M PORTER		NONE				
Street Address			Sircet Address				
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cny :	or the sum time to the	Zíp : mini	City	State	Zip		
Director Name NONE			Director Name NONE				
Street Address		· · · · · · · · · · · · · · · · · · ·	Street Address				
City	State	Zip	City	State	Zip		
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rius report must be	signed in link by en	ner the Fresident, vi	ce President, Secretary, Assistant S	ecretary, treasurer,	Receiver or Trustee		
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1		7	including any accompanying schedules and statements, and that all statemen contained herein are true and correct.				
File Date 8205 Check No. 8910			Melnow				
			Signature of Officer	<del>/</del>	_ pose		
			EARL WILLIAM PORTER				
By:	)4		Print or Type Name of Officer PRESIDENT				
	TATE HEE ON Y	1.					
FOR SECRETARY OF STATE USE ONLY			Title of Officer				



FOR SECRETARY OF STATE USE ONLY

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

Form 630 12/01

Filing Period: January 1 - FORM MUST BE TYPED IN E		v			:		
1. Corporate ID No.	2. Name of Cor	poration	with the second				
80294		MACHINE, INC.	(*************************************	41.546.45			
3. Street Address Principal Busin 765 VICTORY HIGHW			City	State	Zıp		
4. Business Phone No.		.5. State of Incorporation	WEST GREENWICH	RI	02817		
4013978889		RHODE ISLANI			6. SIC Code 1099		
7. Brief Description of the Chare TO OPERATE A MACHIN	acter of Business (				. 1000		
8 NAMES AND ADDRESS President Name	SEE OF THE O	FVICERS ("X" BOX FOR AS	TACHMENT)   BILL IN BPAC	es before using a	TTACHMENTS		
Earl William Porte	er		None		1		
Street Address			Street Address		The second secon		
765 Victory Highwa	- 19		· · · · · · · · · · · · · · · · · · ·	******** <u>*</u>	***************************************		
West Greenwich	State	2 <i>ip</i> 02817	City	State	Zıp		
Secretary Name			Treasurer Name		• • • !		
Earl William Porte	er		Earl William Port	er			
Street Address			Street Address				
Same as above			Same as above				
City	State	Zıp	City	State .	Zıp		
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Director Name	ses of the D	INC. TOKS (A BOLFOR	ATTACHMENT) THELL IN SPA	LES BEFORE UNING	ATTACHMINT		
Earl William Porter			None				
Street Address		e e commente de la comitación de la companya de la	Street Address				
Same as above					i		
City	State	Z <sub>I</sub> p	-City	State	2.ф		
Director Name							
None			Director Name				
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his report must be signe	d in ink by en	her the President Vice P	resident, Secretary, Assistar	I Secretary Treas	urer Receiver or Trustes		
-			. coluent, ocoletary, 115315141	n becretary, rreas	urer, Receiver or Trustee		
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			Under penalty of perjury this report, including an				
*80294 DBC 08/30/04 (	1Q-52-11 AA4*		and that all statements e	ontained herein are tru	ie and correct.		
1/3 //	1-0 CB				 		
File Date	7 00						
			e		n .		
Check No.			Signature of Officer		Date		
Check No. 357	79		· <i>M</i> ·	orter	Vale		

**President** 

Title of Officer



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

riling Perioa:	January 1-March 1 • 1	Filing Fee: \$50.00		<del></del>	INSTRUC
DRM MUST BE TYPE Corporate ID No.	ED OR PRINTED IN BLACK)	- <del> </del>		<u>-</u>	
80294	2. Name of Corporatio				
Street Address Princi	PORTER MAC	HINE, INC.	Clar	•	
	CTORY HIGHWAY		City	State	ZIp
Business Phone No.	CIONT HIGHWAY	5. State of Incorporation	WEST GREE	NWICH RI	02817
397-88	389	• •			6. SIC Code
Brief Description of t	the Character of Business Conducted in I	RHODE ISLAND			1099
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. INAMES AND esident Name	ADDRESSES OF THE OFFIC	ERS ("X"_BOX FOR ATTACH	MENT) FILL IN SPAC	CES BEFORE USING ATTA	CHMENTS
	VILLIAM PORTER		Vice President Name		
reet Address	VICCIAIVIFONTEN		NONE Street Address	-	
	TORY HICHMAN		: Street Address		
100 VIC	CTORY HIGHWAY	Zip ·	City	1 8000	<b>9</b> 7 m
	CDECKIMACH DI 0	2047	City	State	, Zip
WES! ( cretary Name	GREENWOOD, Br O	2017	- 	***** ********** · **********	**** *******
•	MILLIAN DOZZZ		Treasurer Name		
EARL V	VILLLIAM PORTER		EARL WIL	LIAM PORTER	
			Prices Maniess		
" SAME	AS ABOVE <sub>state</sub>	Zip	- <del>i.cm</del> SAME:AS	S ABOVE:	1-2
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rector Name	ADDRESSES OF THE DIREC	TORS ('N "ROY FOR ALLY)	CHMENT) <u>L.</u> FILL IN SP Director Name	ACES BEFUKE USING ATT	ACHMENTS
	WILLIAM PORTER .				
reet Address	WILLIAW FURTER .	<del>- · ·                                   </del>	Street Address	<del></del> · <b></b> -	•
<u> </u>					
SAME	AS ABOVE,	· T Zip	City	State	Zip
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rector Name	• • • • • • • • • • • • • • • • • • • •	···· · · · · · · · · · · · · · · · · ·	Director Name	<b></b>	
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eet Address	•		Street Address		
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ty	State	Zip	City	— <del>T</del> : State	Zip
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is report must	be signed in ink by either	the President, Vice P	esident, Secretary, A	Assistant Secretary, Treas	urer, Receiver or Tru
		<b>I</b> II			
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Under penalty of perjury, I declare and affirm that I have examined \* 8 0 2 9 4 \* this report, including any accompanying schedules and statements, and 10.24.03

Signature of Officer

File Date:		
Check No.:	8091	

FOR SECRETARY OF STATE USE ONLY

that all statements contained hegein are true and correct.

Title of Officer PRESIDENT

Form 630 12002



# 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 VEAD 2002

Filing Period: January 1-M	arch 1 • Filing Fee: \$50.00	)	IL IEAR	PLEASE RE INSTRUCTION
(FORM MUST BE TYPED IN BLACK)				The state of the s
	Name of Corporation	-		<u></u>
80294	PORTER MACHINE, INC.			
3. Street Address Principal Business Office		City	State	Zip
765 VICTORY HIC 4. Business Phone No.	SHWAY 5. State of Incorporati	west green	WICH RI	02817 6. SIC Code
397-8889	RHODE ISLA	ND .		1099
CORPORATION IS ENTITE B. NAMES AND ADDRESSES OF President Name	SHOP TO MANUFACTURE PRECISION OF THE OFFICERS ("X" BOX FOR ATT	F RHODE ISLAND GENERAL ACHMENT) FILL IN SPACI Vice President Name	LAIME	TACHMENTS
EARL WILLIAM POF	RTER	NONE		
765 VICTORY HIGH		Street Address	<b>7</b> 1	•
WEST GREENWICH	•	City	State	Zip
iecretary Name EARL WILLLIAM PC	ORTER	Treasurer Name  EARL WILL Street Address	LIAM PORTER	
SAME AS ABOVE	Zip	- Gir - SAME AS	S ABOVE,	Zip
P. NAMES AND ADDRESSES OF	F THE DIRECTORS ("X" BOX FOR A	TTACHMENT) FILL IN SPA	CES BEFORE USING A	TTACHMENTS
EARL WILLIAM PO		NONE Street Address		
SAME AS ABOVE	zip	City —	State 1	Tzip -
lirector Name		Director Name	• · · · · · • • • · · · · · · · · · · ·	••••
NONE treet Address		- NONE Street Address	<del></del>	
ity State	, r <sub>Zip</sub>	City		Zip
O. SHARES AUTHORIZED ("X" I	BOX FOR ATTACHMENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHM	ENT)
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 ${f nk}$  by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 2 Lp-02	
Check No.: 7Lo52	
3v:	

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 pontained herein are true and correct. Print or Type Name of Officer PRESIDENT Title of Officer



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

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 perein are true and correct.

FARL WILLIAM PORTER

Signature of Officer

Title of Officer PRESIDENT

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

FOR SECRETARY OF STATE USE ONLY

			INC.			
3. Street Address Principal Busines	s Office			City	State	Zip
765 VICTOR'	Y HIGHWAY	5. <u>S</u> เล	baf incorporation	WEST GRE	ENWICH RI	02817 6 <b>የዕ</b> ዎታ
397-8889 7. Brief Description of the Characte TO OPERATE A MA	er of Business Conducte. CHINE SHOP TO A	d in Rhode Island	1			1077
CORPORATION IS 8. NAMES AND ADDRES President Name	ENTITLED TO UND	ER THE PRO	VISIONS OF RHOIS BOX FOR ATTACHM	DE ISLAND GENEI ENT) FILL IN S	ALL OTHER BUSINESS A PAL LAWS PACES BEFORE USING	ATTACHMENTS
EARL WILLIAN Street Address	PORTER			Vice President Name NONE Street Address		
765 VICTORY	HIGHWAY State	Zip	;	City	State	Zip
WEST GREEN Secretary Name	WICH RI	02817		Treasurer Name		
EARL WILLLIA Street Address	M PORTER			Street Address	VILLIAM PORTER	
City SAME AS ABO	VE <sub>State</sub>	Zip	• • • • • • • • • • • • • • • • • • •	city SAME	AS ABOVE	Zip
9. NAMES AND ADDRES	SSES OF THE DI	RÉCTORS (*)	K° BOX FOR ATTACI	IMENT) FILL IN	SPACES BEFORE USIN	G ATTACHMENTS
EARL WILLIA Street Address	M PORTER		: - :	NONE Street Address		
City SAME AS AB	OVĘ.,	¹ Zip		City	State	
Director Name		• • • • • • • • • • • • • • • • • • • •		Director Name	· · · · · · · · · · · · · · · · · · ·	i i
NONE Street Address			<del>!</del> :	NONE Street Address		
City	State	Zip	;	City	State .	t Zip
10. SHARES AUTHORIZE AUTHORIZED SHARES	D ("X" BOX FOR AT	TACHMENT)		11. SHARES ISS	UED (FX BOX FOR ATTAC	HMENT) 🕠
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This report must be sign	ed in tak by eit	her the Pre	sident, Vice Pre	· · · · ·		ļ



FOR SECRETARY OF STATE USE ONLY

James R. Langevin, Secretary of State sion 1335

2000

AND PROVIDENCE PLANTATIONS	Corporations Divis
Office of the Secretary of State	100 North Main Street, Providence, RI 02903-1
•	401-277-3
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PRO Filing	FIT CORPORATION A Period: January 1-March 1 • F	ANNUAL REI	PORT	FORTI	HE Y	EAR	2000	STOP PIL MUREAU INSTRUCTION
(FORM M 1. Corpora	(UST BE TYPED IN BLACK) te ID No. 2. Name of Corporation	1		•				
	80294 PORTER	MACHINE, INC	City			State		Zip
4. Rusines:	7,65, VICTORY HIGHWAY	5. State of Incorporation	WES	GREENW	ICH	RI		02817 8. SIC Code
7. Brief De	397-8889 scription of the Character of Business Conducted in R	RHOD	E ISL	AND				1099
	TO OPERATE A MACHINE SHOP TO MANU FESPERBATION RESSETTIFF TAREVOPFRET Name		ADE ISL			NESS A -		
Street Addi	EARL WILLIAM PORTER		i Street	NONE				
City .	765 VICTORY HIGHWAY	Zip	City			State		Zip
Secretary A	WEST GREENWICH RI 02	817 ·	Treasur	er Name	•••••		*******	
Street Addi	EARL WILLLIAM PORTER		Street A	ÆARL WILL	JAM P	ORTER -	_	
City	SAME AS ABOVE State	Zip	City	SAME AS	ABO	/ <u>Fair</u> — -		T Zip —
9. NAM Director No	ES AND ADDRESSES OF THE DIREC	TORS (FX BOX FOR ATTA		Name	<sup>.</sup>	' <u></u> -		
Street Addr	EARL WILLIAM PORTER		÷	NONE -				<b>_</b>
City	SAME AS ABOVE		City	· <b>-</b> -		State -	-	Z(p
Director No		· .i	Directó	Name	l		••••••	<b>{</b>
Street Addr	NONE .	-	Street A	NONE	<b></b> ·	•		
City	State	- zip	City	· · ·	<del>T</del>	State	-	Zip
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his rep	ort must be signed in ink by either	the President, Vice I	τ	Inder penalty of	perjury,	I declare and a	ffirm tha	t I have examined
	PAID			his report, includ hat ail statement				s and statements, and correct.
File Date:	MAY 2 2 2000 00.	14 22 1 06 <del>14</del>			P			
Check No			Ŝ	Ignature of Officer				Pate
<b>D</b>	100 307 (02) 31	ATS 30 - 14 (14038	) <u> </u>	FAR	Officer	LLIAM PO	RTER	

Title of Officer PRESIDENT



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

STOP PLIASE READ INSTRUCTIONS

I. Corporate II	BE TYPED IN BL		· - · ·		_			
Gorporate II	80294	2. Name of Corpo	MACHINE, INC.					
3. Street Addre	ss Principal Busines	Office	MACHINE, INC.	· · · · · · · · · · · · · · · · · · ·				
		ry Highway		West Greenwich	State	Zip		
4. Business Ph			5. State of Incorporat	I	RI	02817		
	207 0000		RHODE ISL			6. SIC Code		
7. Brief Descrip	397–8889 Otlon of the Charact	er of Business Conducted	In Rhode Island	— ··· - · · · · · · · · · · · ·	·	1099		
8. NAMES	To operati corporati AND ADDRE	e a cachine on-is entitl SSES OF THE OF	shop to manufac ed to under the FICERS (*X BOX FOR AT	ture precision parts provisions of Rhode TACHMENT! FILLIN SPACES	and to all oth	er business a		
President Name	•			Vice President Name		<del></del>		
Street Address	CAKL WILL	IAM PORTER		none				
Street Maaress	222/ 22	2.		Street Address		· · · · · · · · · · · · · · · · · · ·		
City	2234 Flat	River Road	· · - · <u>- · - · · · · · · · · · · ·</u>	<u>:</u>				
City	Coventry	State RI	02816	City	State	Zip		
Secretary Name	••••••							
Secretary Name		TAN DODMED		Treasurer Name		••••••••••••••••••••••••••••••••		
Street Address	EARL WILL	IAM PORTER		EARL WILLIA	M PORTER			
Juret Maaress	SAME AC A	nour		Street Address				
City	SAME AS A	<del></del>	·····	SAME AS ABO	VE			
City		State	Zip	City	State	ZIp		
O MAMEC	AND ADDRE							
Director Name	AND ADDRES	SES OF THE DI	CECTORS ("X" BOX FOR	ATTACHMENT) TILL IN SPACE	S BEFORE USING ATT.	ACHMENTS A PROPERTY OF A		
	EART: WILL	IAM PORTER		Director Name NONE				
Street Address	- HILL WILL	TALL TOKTER						
	SAME AS A	BOVE		Street Address				
City		State	Zip	City	State	1 210		
					Jibie	Zip		
Director Name	• • • • • • • • • • • • • • • • • • • •			Director Name				
	NONE			NONE	NONE			
Street Address	<del></del>			Street Address	Street Address			
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his report	must be sign	e <b>d in ink</b> by eit	her the President, Vic	ce President, Secretary, Assis	tant Secretary, Treasi	arer, Receiver or Truste		
				·	••			

* 8 0 2 9 4 *	Under penalty of perjury, I declare and affirm that I have examined				
File Date:  SEP 1 3' 1999	this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.				
Check No.: By 7385	Signature of Officer  EARL WILLIAM PORTER 9/11/1999  PRESIDENT  Print or Type Name of Officer				
FOR SECRETARY OF STATE USE ONLY	Title of Officer				



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

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00

401-277-3040 STOP

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(FORM MUST BE TYPED IN						
1. Corporate ID No.	2. Name of Corpo		·	<del></del>		
2 (1000/294)	PORTER	R MACHINE, IN	· ·			
3. Street Address Principal Busi. 2234 FLAT	ness Office RIVER ROAD	•	City	State	ZIP -	
4. Business Phone No.	HIVER HOAL		COVENTRY	RI	02816	
(401) 397	-8880	S. State of Incorpora		_	* 6. SIC Code	
7. Brief Description of the Char		4 (n. 10) n. 4 . 1 . 1	RHODE ISLAN	D	' 1099	
			ATUEN TURBON & CORDANIES AND AND THE			
8. NAMES AND ADDE	PECCE OF THE OF	STOR PARIS AND ID DO ALL	OTHER THINGS A CORPORATION IS ENT	ITLED TO UNDER THE PROVIS	IONS OF RI GENERAL LAWS	
President Name	CESSES OF THE OF	FICERS ("X" BOX FOR A	YICE President Name			
	IAM PORTER		, FICE I TESIDENT POINT			
Street Address	TAMECALER		Street Address		· <del></del>	
2234 FLAT	RIVER ROAD	1				
City	State	Zip			T ZIp	
COVENTRY.	RI 02816	1	•			
iecietary Name		• • • • • • • • • • • • • • • • • • • •	. Treasurer Name		·····l	
EARL WILL	IAM PORTER		FARI WILL	EARL_WILLIAM_PORTER		
treet Address	· · · · · · · · · · · · · · · · · · ·		Street Address	TAM FOR I ER		
SAME AS A	BOVE		SAME_AS_A	ROVE		
City	State	Zip	CITY CITY	State	ZIP	
		•				
. NAMES AND ADDR	ESSES OF THE DI	RECTORS ("X" BOX FOI	ATTACHMENT)		<del> </del>	
Director Name EARL WILL	IAM PORTER		Director Name			
·	TAM FORTER	·				
itreet Address SAME AS AI	BOVE		Street Address			
City	State	- ·- T 2/-				
··· <b>/</b>	31817	Zip	City	State	Zip	
Oirector Name			Director Name			
			Director Mante			
Street Address		<del></del>	Street Address	·····		
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0. SHARES AUTHORI	ZED ('X' BOX FOR A	TTACHMENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHMEN	$(\dot{\tau})$ $\frac{1}{1}$	
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Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
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1000 - NO PAR VALUE		None				
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				1		
					1	

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.

ie Date: 6 /33/98
Signature of Officer

EARL WILL TAM PORTER
Print or Type Name of Officer

FOR SECRETARY OF STATE USE ONLY

PRESIDENT
This of Officer



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. 2. Name of Corporation PORTER MACHINE, INC. 0080 294 COVENTRY 2234 FLAT RIVER ROAD

TO OPERATE A MACHINESHOP 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 EARL WILL Street Address	IAM PORTE	2	Vice President Name  Street Address	JON E	
2234 FLAT COVERTRY	RIVER ROM	0 21p O2816	City :	State	ZIp
EARL WILL Street Address  PS  City	IAM PORTÉ ABOUE Siere	Zip	Treasurer Name  EARL  Street Address  AS	WILLIAM ABOVE State	PORTER
9. NAMES AND ADDRED Director Name  FARL WILL  Street Address  AS  City	CIAM POR' 930VÉ	·	Director Name  NONE  Street Address		
Director Name  NONE  Street Addiess	State	Zip	Director Name  NONE  Street Address	State	Zip
City	State	Zip	City	- State	Zip
10. SHARES AUTHORIZ AUTHORIZED SHARES Number of Shares	ED AND ISSUED (	X" BOX FOR ATTACHMENT)	ISSUED SHARES Number of Shares	Class/Series	. Par Value
1000	No	PAR VALUE	NONE	•	F

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

6/19/97	
4859	
UD	
_	6/19/97 4859 UD

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

Print or Type Name of Officer

PRESIDENT

Title of Officer

## **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

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		00' 500
		UTHORIZED SHARES
MUMBER OF SHAL	RES	CLASS / SERIES
1,00	O SHS NO	PAR VALUE
	Preside	This rep nt, Vice President,
File Date:	4/18	196
, Check No: .	2002	8.27
By:For Se	ecretary of State	Use Only

I. CORPORATE ID NO.	2. NAME OF CORPORATION	PLEASE TYPE OR	PRINT IN BLACK INK.	<del></del>	
80294	PORTER MACHINE, INC.				
3. STREET ADDRESS PRIVIONAL BUSINESS OFFIC	-		any	STATE	70° 000€
2234 FLAT )	RIVER ROA		COVENTRY	人人	02816
		5. STATE OF INCORPORATION			6. SIC COOE
(401) 397	8889	RHODE IS			1099
BRIEF DESCRIPTION OF THE CHARACTER OF BU	ISOM MACN	TO OPERAT	TÉ A MACITULE S	SNOP, YO	MY WORK THE E
PRECIDENT NAME  TARABLE TO THE STATE OF THE	B NAM	ES AND ADOR	ESSES OF THE OF	FICERS	The second secon
FARL WILL	19M PORT	ER.	NONE		
2734 FLA	T RIVER	RO	STREET ADDRESS		
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FARL WICE	unn Po	RIKA	THEASURER HAVE ÊAR C	WICCIAM	PORTER
AS A			STREET ADDRESS	A BOVÉ	
ΠΨ	STATE	ZIP C000E	άιγ	STATE	ZIP COOK
RECTOR NAME	A CANADA ADRAM	ESYAND-ADOR	ASSESS-OF TOTAL ON	BEOMORIS STATE	C MEDICAL CHAP SERVICE STATE
		m PORTER	DIRECTOR NAME  WW.E.		
INCE I ADDRESS	A GOVE		STREET ADORESS		
	STATE	ZIP C000€	COTY	STATE	ZP COOE
RECTOR NAME	JOILE		DIRECTOR HAME NONE		
REET ADDRESS	•		STREET ADDRESS		
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	00: 500	GGG BOVTOR	000000000000000000000000000000000000000		
	AUTHORIZED SHARES			ISSUED SHARES	
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1,000 SHS NO	PAR VALUE		NONE		
				<u> </u>	

port must be SIGNED IN INK by either the Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

report, including any accompa all statements contained herei	anying schedules and statements, and that in are true and correct.
- dr	W
Signature of Officer	
<b>-</b> 4 A	<b>.</b>

Print or Type Name of Officer

PRESIDENT 3-1-96

Title of Officer PRESIDENT
Title of Officer

# State of Rhode Island and Providence Plantations Office of The Secretary of State 100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

### 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 FULI	L OR THE FO	RM WILL BE RE	TURNED.	
Corporate ID: 0080294	An	inual Report for the y	ear: 1995	
Name of Corporation: PORTER MACMIN	is lac			
				<del>_</del>
Business entity organized under the laws of the State of:		Business Entity is (ch		••
For foreign entity, address and telephone number of principal office	:	•	ration (See RIGL Chapter 7-1.	
	<del></del>	[ ] Professional Sei	rvice Corporation (See RIGL C	Chapter 7-5.1)
	<del></del>	Brief statement of the	character of business conduct	ed in Rhode Island:
Phone: ( )	<del></del>	To apiga	YE A MACHINES C	1/40 TX
Address and telephone of the principal office of business entity in R	thode		<u>TE A MACHINE S</u> TURE PRECISION	
Island (Provide street address - Not P.O. Box):  2334 FLAT RIVER RD			O ALL OTHER THIN	
COVENTRY RI 02816			FION IS ENTIT	
COVERTAL CX816			THE PROVISIONS	
Phone: (401) 397-8889		ISLAND A	ENERAL LAWS.	OF MOUR
Phone: (40/) 04 / 8/04	<del></del>	1007100	ENLENC LAWS,	
TUE NA	MESOFTHE	OFFICERS ARE:		
PRESIDENT	STREET ADDRESS		CITY/STATE	ZIF COOE
EARL WILLIAM PORTER 3	2234 E/AY	FIVER RO	COVENTRY	_
VICE PRESIDENT	STREET ADDRESS	s	COVERVICA	ZDP CODE
SECRETARY	STREET ADDRESS	<u> </u>	CTIY/STATE	ZIP CODE
EARL WILLIAM PORTER	AS ABO	01/15.		
TREASURER	STREET ADDRESS		CITY/STATE	ZIP CODE
EARL WILLIAM PORTER	A-S A 30	IVE		
		DIRECTORS ARE:		<del></del>
NAME	STREET ADDRESS		CITY/STATE	22F C00E
EARL WILLIAM PORTER	AS ABO	OVE		
NAME	STREET ADDRESS		CITYSTATE	ZIP CODE
**				
NAME .	STREET ADDRESS	\$	CITY/STATE	ZUP CODE
NUMBER OF SHARES AUTHORIZED (Rider may be attached)	И	UMBER OF SHARES IS	SUED AND OUTSTANDING (R	ider may be attached)
Number of Shares Class / Series	N	umber of Shares	Class / Series	<del></del>
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1000 - NO PAR VALUÉ .			•	
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		11 21	,	·
Date $\frac{10-12}{1995}$	Ву:	1 4/2	·	
			EARL WILLIAM	PORTER
		AME OF OFFICER SIGNING		•
Form 31 1/95	TITLE OF OFFICE		PRESIDENT	
DESIGNATED REGIST	FERED AGENT	FOR SERVICE O	F PROCESS:	
PLEASE NOTE: If the registered office and/or registered agent in	ndicated below is in	ncorrect, Form 9 must b	oe filed.	

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CORSOBVICKE DIAL RECKELYBY OF STATE RECEIAED PAID OCT 13 1995

