



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

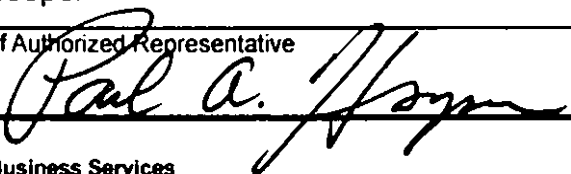
→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECEIVED
R.I. DEPT. OF STATE
BUS. SVCS. DIV.

2023 MAY 31 A 10:29

1. Entity ID Number 62834		2. Exact name of the Corporation Porta Phone Co., Inc.			
3. Principal Office Address 145 Dean Knauss Drive		City Narragansett		State RI	Zip 02882
4. NAICS Code 334220		6. Brief description of the character of business conducted in Rhode Island Manufacture and distribution of communication systems.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John N. Hooper, Sr.			Vice-President Name John N. Hooper, Jr.		
Street Address 145 Dean Knauss Drive			Street Address 145 Dean Knauss Drive		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
Secretary Name Paul A. Hooper			Treasurer Name		
Street Address 145 Dean Knauss Drive			Street Address		
City Narragansett	State RI	Zip 02882	City	State	Zip
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		
			100	Common	no par value
			none	none	none
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. <u>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.</u>					
Name of Authorized Representative Paul A Hooper					Date 4/22/23
Signature of Authorized Representative 					

FILED

MAY 31 2023 1562
BY ML