



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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ONLY

1. Entity ID Number 000080294		2. Exact name of the Corporation Porter Machine, Inc.									
3. Principal Office Address 765 Victory Highway			City West Greenwich	State RI	Zip 02817						
4. NAICS Code 332710		6. Brief description of the character of business conducted in Rhode Island Manufacturing Job Shop									
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 Lawrence J. Fox, Jr.			Vice-President Name Lawrence J. Fox, Jr.								
Street Address 6 Laura Court			Street Address 6 Laura Court								
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816						
Secretary Name Lawrence J. Fox, Jr.			Treasurer Name Lawrence J. Fox, Jr.								
Street Address 6 Laura Court			Street Address 6 Laura Court								
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816						
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 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.			10. Shares Issued								
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/STRIKES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1,000</td> <td>CNP</td> <td>NONE</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/STRIKES	PAR VALUE	1,000	CNP	NONE
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1,000	CNP	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. 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 Louis E. Baldi			FILED JAN 07 2025 BY BY WUTFR 1112		Date 1/7/2025 PS						
Signature of Authorized Representative <i>Louis E. Baldi Esq.</i>											