

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

Providence, RI 02904-2615 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 - Filing Fee: \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25,00.

(K.I.G.L. /-10-00 (D&C	-	to a penalty fee of \$25.0					
1. ID No.	2. Exact	t name of the limited liability company					
148858	Profit E	Express LLC.					
3. State of Formation 4. Brief description of the character of the business we TRUCKING			ich is actually conducted in Rhode Islan	nd			
5. Principal office address				Paut.	State R	I (2) 86C	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME Contact Name Bandy Jackson				President			
P.O. Box 825			Pawtucket	State	2000 D		
7. NAME AND AD	DRESS OF	FEACH MANAGER OF	of the limited liab is before using att	ILITY COMPANY, IF APPLICA ACHMENTS ("X" BOX FOR AT	BLE - <u>DO N</u> TACHMENT)	OT LIST MEMBERS □	
Manager Name Rawdy Jacksow				Manager Name			
Rawdy Jackson Street Address G4 WOOD St.				Street Address			
Paw	÷.	State	028C0	City	State	Zip	
Manager Name				Manager Name			
Street Address				Street Address			
City		State	Zip	City	State	Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes Agent Name RANDY JACKSON				require filing of Form 642 - R.I.G.L. 7-16-11 Address			
Address 64 WOOD STREET				CHy PAWTUCKET		Zip 02860-	
							

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

	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 trug and correct.
File Date 100585171495 Check No.	Signature of Authorized Person Date
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person Date Print of Type Name of Authorized Person
By MMC	Form 632 Rev. 07/07