



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

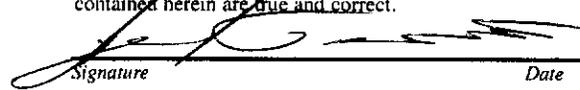
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 228978		2. Name of Corporation J & I TRANSPORTATION, INC.			
3. Street Address Principal Business Office 7 Meadow Avenue			City Johnston	State RI	Zip 02919
4. Business Phone No. 255-1363		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island MOTOR VEHICLE TRANSPORTATION					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Joal Tomassini			Vice President Name Isabel C. Tomassini		
Street Address 7 Meadow Avenue			Street Address 7 Meadow Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Isabel C. Tomassini			Treasurer Name Joal Tomassini		
Street Address 7 Meadow Avenue			Street Address 7 Meadow Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Joal Tomassini			Director Name Isabel C. Tomassini		
Street Address 7 Meadow Avenue			Street Address 7 Meadow Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	\$1.00 PAR VALUE		1,000	\$1.00 PAR VALUE	

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.

 12/24/07
Signature Date

Joal Tomassini
Print or Type Name
President
Title

File Date **FILED**
Check No. **DEC 27 2007**
By: **1009**
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