



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. 136473		2. Name of Corporation Eastern Freight Ways, Inc.			
3. Street Address Principal Business Office 1-71 North Avenue East			City Elizabeth,	State NJ	Zip 07201
4. Business Phone No. 908-965-0100		5. State of Incorporation New Jersey			
6. Brief Description of the Character of Business Conducted in Rhode Island Trucking Services					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Myron P. Shevell			Vice President Name Jon Shevell		
Street Address 1-71 North Avenue East			Street Address 1-71 North Avenue East		
City Elizabeth	State NJ	Zip 07201	City Elizabeth	State NJ	Zip 07201
Secretary Name Nancy Shevell			Treasurer Name Susan Cohen		
Street Address 1-71 North Avenue East			Street Address 1-71 North Avenue East		
City Elizabeth	State NJ	Zip 07201	City Elizabeth	State NJ	Zip 07201
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Myron P. Shevell			Director Name Nancy Shevell		
Street Address 1-71 North Avenue East			Street Address 1-71 North Avenue East		
City Elizabeth	State NJ	Zip 07201	City Elizabeth	State NJ	Zip 07201
Director Name Jon Shevell			Director Name		
Street Address 1-71 North Avenue East			Street Address		
City Elizabeth	State NJ	Zip 07201	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	Common	No Par Value	990	B (Non Voting)	None
			10	A (Voting)	

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.

File Date **FILED**
Check No. **FEB 04 2008**
By 0035753 AMC
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 contained herein are true and correct.

Signature [Signature] Date 1/30/08
Nancy Shevell
Print or Type Name
Vice Pres/Treasurer
Title