



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
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
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
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
Director Name Jon Shevell			Director Name	
Street Address 1-71 North Avenue East			Street Address	
City Elizabeth	State NJ	Zip 07201	City	State
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
1,000	Common	No Par Value	990	B (Non Voting)
			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.

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: Nancy Shevell
Date: 1/30/08
Vice Pres/Treasurer
Title