



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
148 W. River St.
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. 159399		2. Name of Corporation I22A Transportation Incorporation					
3. Street Address Principal Business Office 37 7th St APT 2		City Providence		State RI		Zip 02906	
4. Business Phone No. (401) 868-0555		5. State of Incorporation RI					
6. Brief Description of the Character of Business Conducted in Rhode Island Transportation							
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS							
President Name REDOUANE CHAKHSI			Vice President Name REDOUANE CHAKHSI				
Street Address 37 7th St APT 2			Street Address 37 7th St APT 2				
City Providence		State RI		City Providence		State RI	
Zip 02906		City Providence		State RI		Zip 02906	
Secretary Name Same			Treasurer Name Same				
Street Address			Street Address				
City		State		City		State	
Zip		City		State		Zip	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS							
Director Name			Director Name				
Street Address			Street Address				
City		State		City		State	
Zip		City		State		Zip	
Director Name			Director Name				
Street Address			Street Address				
City		State		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		Class/Series		Par Value	
100		\$0.01		0		THIS SECTION MUST BE COMPLETED	

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

MAR 04 2008

By AMK
3:00
11-51549

File Date

Check No.

By

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

Date

Print or Type Name

Title