

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

Filing Period: January 1 - March 1 • Filing Fee: 550.00\* 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.	2. Name of Corporation	edway Di	stributors T	TOC		
3. Street Address Principal Business C 33 CUT +1		t	East Providence	State RT	Z4 CD914	
4. Business Phone No. 401-438-3	119	5. State of Incorporation RhO	xle Island		· · · · · · · · · · · · · · · · · · ·	
6. Brief Description of the Character of Business Conducted in Rhode Island						
Sale of Wynn's Automotive Chemicals and Equipment 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS						
President Name	C. A. ha		Vice President Name			
I homas Saleene			James Daleeha			
11 Pimental Drive			Stroet Address 15 Pierce Lane			
Rehoboth	State MA	<sup>Zip</sup> 02769	Rehoboth	State MB	<sup>z4</sup> 02769	
Same as above			Same as above			
Street Address			Street Address			
City	State	Zip	Сйу	State	Zψ	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS						
Director Name James Saleeba			Director Name			
Street Address 15 Pierre Lane			Street Address			
Renoboth	State MA	<sup>zip</sup> 02769	City	State	Zip	
Director Name			Director Name	***************************************	<i></i>	
Street Address			Street Address			
City	State	Zψ	City	State	Ζip	
9: SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)  AUTHORIZED SHARES			: 10. SHARES ISSUED <i>("X"</i>   ISSUED SHARES — THIS SECTION I		 *1)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
1000 No Par	Value a	mmon	100	Common	ND	
			79:85 SECTION		1, 200 T.	
This report must be executed this report must be executed of			I d representative. If the corpora or trustee.	tion is in the hands of a	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
File Date	contained herein are true and correct.
Check Na. APR 11 2008	James Saleeba
By /330 1 // 37 FOR SECRETARY OF STATE USE ONLY	Vice President
	Title