



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. <u>99446</u>		2. Name of Corporation <u>WEEWAY INC</u>		
3. Street Address Principal Business Office <u>55 CLAY STREET</u>		City <u>Middleboro</u>	State <u>MA</u>	Zip <u>02346</u>
4. Business Phone No. <u>800-200-1013</u>		5. State of Incorporation <u>RIHODE ISLAND</u>		
6. Brief Description of the Character of Business Conducted in Rhode Island				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name <u>SEWEN WEE</u>		Vice President Name		
Street Address <u>55 CLAY STREET</u>		Street Address		
City <u>Middleboro</u>	State <u>MA</u>	Zip <u>02346</u>	City	State
Secretary Name <u>ANTHONY F. COTTA</u>		Treasurer Name		
Street Address <u>3 Fuller Way</u>		Street Address		
City <u>Plymouth</u>	State <u>MA</u>	Zip <u>02360</u>	City	State
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name <u>SEWEN WEE</u>		Director Name		
Street Address <u>SAME AS ABOVE</u>		Street Address		
City	State	Zip	City	State
Director Name <u>ANTHONY F. COTTA</u>		Director Name		
Street Address <u>SAME AS ABOVE</u>		Street Address		
City	State	Zip	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
<u>5,000</u>	<u>NO PAR VALUE</u>		<u>NONE</u>	

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	<u>FILED</u>
Check No.	<u>OCT 16 2008</u>
By:	<u>1786</u>
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 Anthony F. Cotta Date 8/26/08
Print or Type Name ANTHONY F. COTTA
Title Secretary