

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

2009 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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. JACKSON LEASING CORPORATION 153117 Zip 3. Street Address Principal Business Office *City* Woonsocket 02895 RI 24 East Mill Street 5. State of Incorporation 4. Business Phone No. 401 765-0330 Rhode Island 6. Brief Description of the Character of Business Conducted in Rhode Island Own, operate and lease tractors and trailers. 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name President Name Peter J. Jackson Street Address Street Address 24 East Mill Street Z_{ip} State City State 02895 RI Woonsocket Treasurer Name Secretary Name Peter J. Jackson Norman Jay Bolotow Street Address Street Address 95 Chestnut Street 24 East Mill Street State State 02895 02903 Woonsocket RI RΙ **Providence** 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name None Street Address Street Address Ζip State State ZipCity City Director Name Director Name Street Address Street Address Zip State City State Ζip City 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 9. SHARES AUTHORIZED ISSUED SHARES — THIS SECTION MUST BE COMPLETED Par Value Class/Series

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.

Number of Shares

100

File Date	_FILED
Check No.	-JAN 1 4 2009
Ву:	FOR SECRETARY OF STATE USE ONLY

This information is currently of record in the Office of the Secretary of

State. Changes require an additional filing. See Section 9 of

instruction sheet.

Under penalty of periory, I declare a including any accompanying schedu contained herein are true any corrections.	and affirm that I have examined this report, ales and statements, and that all statements
Signature	Date
Peter J. Jackson	
Print or Type Name	
President	
Title	Form 630 Rev. 08/08

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