



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. 73399		2. Name of Corporation Eastern Connection Operating Inc		
3. Street Address Principal Business Office 60 Olympic Ave		City Woburn	State MA	Zip 01801
4. Business Phone No. 781-926-7278		5. State of Incorporation Massachusetts		
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 James Berluti		Vice President Name		
Street Address 60 Olympic Avenue		Street Address		
City Woburn	State MA	Zip 01801	City	State
Secretary Name Robert Berluti		Treasurer Name Ted Kauffman		
Street Address 44 School Street		Street Address 35-02 Borden Avenue		
City Boston	State MA	Zip 02108	City Long Island City	State NY
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	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
15,000	Common	10 par	300	Common
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
ISSUED SHARES — THIS SECTION MUST BE COMPLETED				
Number of Shares	Class/Series	Par Value	Number of Shares	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.

File Date	FILED
Check No.	FEB 02 2009
By:	By [Signature]
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: **K. Mally** Date: **1/30/09**
Print or Type Name: **Kenn Mally**
Title: **V.P. Finance**