RI SOS Filing Number: 200942416190 Date: 02/17/2009 4:00 PM

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 2009

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.	2. Name of Corporation			
154646	EZ Way, Inc.			
3. Street Address Principal Business Office: 807 E Main PO Box 89		City: Clarinda	State: IA	Zip: 51632
4. Business Phone No.: (712) 542-5102	5. State of Incorporation: Iowa			

6. Brief Description of the Character of Business Conducted in Rhode Island

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name: William C. Lisle			Vice President Name: Mary Landhuis		
Street Address: 807 E Main			Street Address: 807 E Main		
City: Clarinda	State: IA	Zip: 51632	City: Clarinda	State: IA	Zip: 51632
Secretary Name: Mary Landhuis			Treasurer Name: Marty M. Williams		
Street Address: 807 E Main			Street Address: 807 E Main		
City: Clarinda	State: IA	Zip: 51632	City: Clarinda	State: IA	Zip: 51632

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name: John C. Lisle			Director Name: William C. Lisle		
Street Address: 807 E Main			Street Address: 807 E Main		
City: Clarinda	State: IA	Zip: 51632	City: Clarinda	State: IA	Zip: 51632
Director Name: Frederick V. Lisle			Director Name:		
Street Address: 807 E Main			Street Address:		
City: Clarinda	State: IA	Zip: 51632	City:	State:	Zip:

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
0	Common	$0

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.

[redacted] [redacted]

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.

Marty M. Williams
Signature *Date*

Marty M. Williams
Print or Type Name

Treasurer
Title

[redacted]

File Date FILED
Check No. FEB 17 2009
By: By 49134
FOR SECRETARY OF STATE USE ONLY

31250-15-348380

Form 630 Rev. 08/08