



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. 121790		2. Name of Corporation JDR TRANSPORTATION, INC.			
3. Street Address Principal Business Office 11 RHODDY AVENUE		City SOUTH ATTLEBORO		State MA	Zip 02703
4. Business Phone No.		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island TRANSPORTATION SERVICES					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name RALPH J. ROBERTI			Vice President Name		
Street Address 11 RHODDY AVENUE			Street Address		
City SOUTH ATTLEBORO	State MA	Zip 02703	City	State	Zip
Secretary Name RALPH J. ROBERTI & Stephen M. Litwin			Treasurer Name RALPH J. ROBERTI		
Street Address 11 RHODDY AVENUE			Street Address 11 RHODDY AVENUE		
City SOUTH ATTLEBORO	State MA	Zip 02703	City SOUTH ATTLEBORO	State MA	Zip 02703
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name RALPH J. ROBERTI			Director Name		
Street Address 11 RHODDY AVENUE			Street Address		
City SOUTH ATTLEBORO	State MA	Zip 02703	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			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	Par Value
100 NO PAR VALUE			100	COMMON	NO PAR

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.

FILED
OCT 02 2009
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: Stephen M. Litwin Date: 10/1/09
Print or Type Name: RALPH J. ROBERTI Secretary
Title: PRESIDENT