

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 2010 Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

subject to a penalty fee of \$25.00.	<del></del> .	uiling or refusing to file its ann	wal report within thirty (30) days afte	r the time prescribed by law	v (R.I.G.L. 7-1.2-1501(c&d)) is	
1. Corporate ID No. 142993	MEGA LOGISTI	2. Name of Corporation MEGA LOGISTICS, INC.				
3. Street Address Principal Business Office 300 WAMPANOAG TRAIL		EAST PROVIDENCE	State RI	<i>Ζψ</i> <b>02915</b>		
4. Business Phone No. 5. State of Incorporation RHODE ISLAND				<b>!</b>		
6. Brief Description of the Character of Business Conducted in Rhode Island To Conduct Transportation and Distribution related activities, consulting services, Transportation Brokerage						
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name ROBERT A. MEGA			CHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS  Vice President Name  GREGORY BREINER			
Street Address 300 WAMPANOAG TRAIL			Street Address 300 WAMPANOAG TRAIL			
City EAST PROVIDENCE	State RI	<sup>Zip</sup> 02915	City EAST PROVIDENCE	State RI	<sup>Zip</sup> 02915	
Secretary Name ROBERT A. MEGA			Treasurer Name WILLIAM A. MEGA			
Street Address 300 WAMPANOAG TRAIL			Street Address 300 WAMPANOAG TRAIL			
EAST PROVIDENCE	State RI	<sup>χίρ</sup> 02915	City EAST PROVIDENCE	State RI	<sup>Zip</sup> 02915	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT.  Director Name			ACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS  Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name			Director Name			
Streat Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
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.			Number of Shares	Class/Series	Par Value	
			100	COMMON	NO PAR VALUE	
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.						
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File Date	FEB_1 6 2010	
Check No	By 9598	
	FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, 1 declare and affirm including any accompanying schedules and scontained herein are true and correct.	
Harry .	1/8/2010
Signature	• Date
ROBERT A. MEGA	
Print or Type Name	
PRESIDENT	
Title	