



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 2010

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. 298835		2. Name of Corporation J & A AUTO TRANSPORT, INC.			
3. Street Address Principal Business Office 117 MESA DRIVE			City NORTH KINGSTOWN	State RI	Zip 02852
4. Business Phone No. 401-885-9054		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island INTER AND INTRA STATE TRUCKING					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ADRIANA ZAPATA			Vice President Name JAVIER FRANCO		
Street Address 117 MESA DRIVE			Street Address 1326 NEWPORT AVENUE		
City NORTH KINGSTOWN	State RI	Zip 02852	City PAWTUCKET	State RI	Zip 02861
Secretary Name ADRIANA ZAPATA			Treasurer Name JAVIER FRANCO		
Street Address 117 MESA DRIVE			Street Address 1326 NEWPORT AVENUE		
City NORTH KINGSTOWN	State RI	Zip 02852	City PAWTUCKET	State RI	Zip 02861
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	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 2,000	Class/Series COMMON	Par Value 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.

File Date	FILED
Check No.	SEP 09 2010
By:	By 3467
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: Adriana Zapata Date: 9/7/10
 Print or Type Name: ADRIANA ZAPATA
 Title: PRESIDENT