



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 02901-2615
401-222-3000

~~deodor~~

~~000572006~~

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

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(c), 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)) is subject to a penalty fee of \$25.00.

1. Filing Unit No. 000572006		2. Name of Corporation JAC Express Inc.			
3. Principal US Mailing Business Office 628 Park Ave 2E			City Cranston	State RI	Zip 02910
4. Telephone No. 401-461-4177		5. State of Incorporation RI			
6. Nature and scope of the character of business conducted in Rhode Island. Interstate Trucking Long Haul					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Officer Name Maria Valenzuela			Officer Position Name none		
Street Address 420 Wellington Ave B3			Street Address		
City Cranston	State RI	Zip 02910	City	State	Zip
Officer Name none			Officer Position Name none		
Street Address			Street Address		
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Jose Cruz			Director Position Name none		
Street Address 420 Wellington Ave B3			Street Address		
City Cranston	State RI	Zip 02910	City	State	Zip
Director Name none			Director Position Name none		
Street Address			Street Address		
9. SHARES AUTHORIZED above 1000					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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	
		none			

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 SECRETARY OF STATE
 CORPORATIONS DIV
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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 _____
 Check No. _____
 BY _____
 FOR SECRETARY OF STATE USE ONLY

FILED
MAY 14 2012
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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 _____
 Print or Type Name
 Jose Cruz
 Title
 Operations Director