STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
***Matthew A. Brown,** Secretary of State*

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401 222 3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
136473	Eastern Freight Ways, Inc.			
3. Street Address Principal Business Office: I-71 North Ave East	City: Elizabeth	State: NJ	Zip: 07201	
4. Business Phone No.: 908-465-0100	5. State of Incorporation: NEW JERSEY		6. SIC Code:	

7. Brief Description of the Character of Business Conducted in Rhode Island: TRUCKING SERVICES

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

President Name: MYRON P. SHEVELL			Vice President Name: JON SHEVELL		
Street Address: I-71 North Avenue East			Street Address: I-71 North Avenue East		
City: Elizabeth	State: NJ	Zip: 07201	City: Elizabeth	State: NJ	Zip: 07201
Secretary Name: NANCY BLAKEMAN			Treasurer Name: Susan Cohen		
Street Address: I-71 North Ave East			Street Address: I-71 North Ave East		
City: Elizabeth	State: NJ	Zip: 07201	City: Elizabeth	State: NJ	Zip: 07201

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

Director Name: Myron P. Shevell			Director Name: Jon Shevell		
Street Address: I-71 North Ave East			Street Address: I-71 North Ave East		
City: Elizabeth	State: NJ	Zip: 07201	City: Elizabeth	State: NJ	Zip: 07201
Director Name: Nancy Blakeman			Director Name: John Karlberg		
Street Address: I-71 North Ave East			Street Address: I-71 North Ave East		
City: Elizabeth	State: NJ	Zip: 07201	City: Elizabeth	State: NJ	Zip: 07201

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐ **11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
1,000 COMM NO PAR VALUE			990	B (Nonvoting)	-0-
			10	A (Voting)	-0-

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] [redacted]

136473

File Date 1-12-05

Check No. 26889

By: DL

FOR SECRETARY OF STATE USE ONLY

[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.

1/6/05

Signature of Officer *Date*

Nancy Blakeman

Print or Type Name of Officer

Secretary

Title of Officer

Form 630 Rev. 12/03

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
***Matthew A. Brown,** Secretary of State*

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1 Corporate ID No	*2 Name of Corporation*			
136473	Eastern Freight Ways, Inc.			
3 Street Address Principal Business Office		*City*	*State*	*Zip*
1-71 North Avenue East		Elizabeth	NJ	07201
4 Business Phone No	*5 State of Incorporation*			*6 SIC Code*
908-965-0100	NEW JERSEY			

7 Brief Description of the Character of Business Conducted in Rhode Island
TRUCKING SERVICES

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

President Name	*Street Address*	*City*	*State*	*Zip*
MYRON P. SHEVELL	1-71 North Avenue East	Elizabeth	NJ	07201

Vice President Name	*Street Address*	*City*	*State*	*Zip*
JON SHEVELL	1-71 North Avenue East	Elizabeth	NJ	07201

Secretary Name	*Street Address*	*City*	*State*	*Zip*
NANCY BLAKEMAN	1-71 North Avenue East	Elizabeth	NJ	07201

Treasurer Name	*Street Address*	*City*	*State*	*Zip*
Susan Cohen	1-71 North Avenue East	Elizabeth	NJ	07201

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

Director Name	*Street Address*	*City*	*State*	*Zip*
Myron P Shevell	1-71 North Ave East	Elizabeth	NJ	07201

Director Name	*Street Address*	*City*	*State*	*Zip*
Jon Shevell	1-71 North Ave East	Elizabeth	NJ	07201

Director Name	*Street Address*	*City*	*State*	*Zip*
Nancy Blakeman	1-71 North Ave East	Elizabeth	NJ	07201

Director Name	*Street Address*	*City*	*State*	*Zip*
John Kariberg	1-71 North Ave East	Elizabeth	NJ	07201

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐ **11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
1,000 COMM NO PAR VALUE			990	B (NON VOTING)	-0-
			10	A (VOTING)	-0-

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted]

*136473

File Date 3.8.04
Check No 24379
By VP
FOR SECRETARY OF STATE USE ONLY

[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.

Signature of Officer — *Date* 1/21/04

Nancy Blakeman
Print or Type Name of Officer

Secretary
Title of Officer

[redacted]

Form 630 Rev. 12/03