RI SOS Filing Number: 202105456430 Date: 11/26/2021 1:40:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2020

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

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SECRETARY OF STATE
USE ONLY

1. Entity ID Number	2. Exact name of the Corporation		
000136473	**Eastern Freight Ways, Inc.**		
3. Principal Office Address	City	State	Zip
301 Route 17 North, Suite 406	Rutherford	NJ	07070
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
484121	Trucking Services		
5. State of Incorporation			
New Jersey			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Myron P. Shevell			Vice-President Name: Nancy Shevell McCartney		
Street Address: 301 Route 17 North, Suite 406			Street Address: 301 Route 17 North, Suite 406		
City: Rutherford	State: NJ	Zip: 07070	City: Rutherford	State: NJ	Zip: 07070
Secretary Name: Nancy Shevell McCartney			Treasurer Name: Susan L. Shevell		
Street Address: 301 Route 17 North, Suite 406			Street Address: 301 Route 17 North, Suite 406		
City: Rutherford	State: NJ	Zip: 07070	City: Rutherford	State: NJ	Zip: 07070

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Myron P. Shevell			Director Name: Nancy Shevell McCartney		
Street Address: 301 Route 17 North, Suite 406			Street Address: 301 Route 17 North, Suite 406		
City: Rutherford	State: NJ	Zip: 07070	City: Rutherford	State: NJ	Zip: 07070
Director Name: Susan L. Shevell			Director Name:		
Street Address: 301 Route 17 North, Suite 406			Street Address:		
City: Rutherford	State: NJ	Zip: 07070	City:	State:	Zip:

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
10	Common Class A	0
990	Common Class B	0

11. 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.

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.

Name of Authorized Representative	Date
Susan L. Shevell	08/16/2021

Signature of Authorized Representative: Susan L. Shevell

FILED
NOV 26 2021
BY

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov