



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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2008

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00

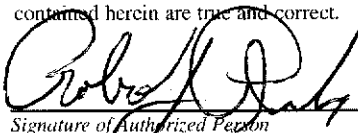
In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

| | | | | | |
|---|-------------|--|-----------------------------------|--------------|--------------|
| 1. ID No. 158077 | | 2. Exact name of the limited liability company Proulx's Sunoco, LLC | | | |
| 3. State of Formation RHODE ISLAND | | 4. Brief description of the character of the business which is actually conducted in Rhode Island Operation of a gas station and for all other lawful purposes under Rhode Island law | | | |
| 5. Principal office address 1047 Eddie Dowling Highway | | | City North Smithfield | State RI | Zip 02896 |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | | | |
| Contact Name Robert Proulx | | | Contact Title Manager | | |
| Street Address 573 High Street | | | City Cumberland | State RI | Zip 02864 |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS (X) BOX FOR ATTACHMENT <input type="checkbox"/> | | | | | |
| Manager Name Robert Proulx | | | Manager Name Jason Proulx | | |
| Street Address 573 High Street | | | Street Address 1 Skyview Drive | | |
| City Cumberland | State RI | Zip 02864 | City Lincoln | State RI | Zip 02865 |
| Manager Name | | | Manager Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 | | | | | |
| Agent Name Scott J. Partington, Esq. | | | Address | | |
| Address 2176 Mendon Road, Suite 2000 | | | City Cumberland | Zip 02864 | |

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

| | |
|---------------------------------|--------------|
| File Date | FILED |
| Check No. | SEP 19 2008 |
| By: | By 1964 |
| 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 of Authorized Person

9/11/08
Date

Robert J. Proulx

Print or Type Name of Authorized Person