RI SOS Filing Number: 200837009210 Date: 10/22/2008 4:00 PM

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. | 2. Exact name of the limited liability company |
|---|---|
| 137809 | BARRETT SERVICE CENTER, LLC |

| 3. State of Formation | 4. Brief description of the character of the business which is actually conducted in Rhode Island |
|---|---|
| RHODE ISLAND | RETAIL SALES OF PETROLEUM PRODUCTS, AUTOMOBILE SERVICE |

| 5. Principal office address | City | State | Zip |
|---|---|---|---|
| TWO ELM STREET | WESTERLY | RHODE ISLAND | 02891 |

**6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:**

| Contact Name | Contact Title |
|---|---|
| JOANNE BARRETT | |

| Street Address | City | State | Zip |
|---|---|---|---|
| 1019 MAIN STREET | HOPE VALLEY | RHODE ISLAND | 02832 |

**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) ☐

| Manager Name | Manager Name |
|---|---|
| JOANNE BARRETT | |
| Street Address | Street Address |
| 1019 MAIN STREET | |
| City / State / Zip | City / State / Zip |
| HOPE VALLEY / RHODE ISLAND / 02832 | |
| 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 | Address |
|---|---|
| CHARLES SOLOVEITZIK | |
| Address | City / Zip |
| TWO ELM STREET | WESTERLY / 02891 |

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

[redacted] 137809 [redacted]

**FILED**
*File Date* OCT 22 2008
*Check No.*
*By:* By 9730
FOR SECRETARY OF STATE USE ONLY

27231-39-295719

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.

Joanne Barrett 10/17/08
*Signature of Authorized Person* *Date*

[redacted] JOANNE BARRETT
*Print or Type Name of Authorized Person*

Form 632 Rev. 07/07