



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, 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

1. ID No. 148532		2. Exact name of the limited liability company Shaun's Food Mart, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island GAS STATION AND CONVENIENCE STORE			
5. Principal office address 3471 KINGSTOWN ROAD		City WEST KINGSTON	State RI	Zip 02892-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON					
Contact Name IRFAN SAEED		Contact Title MEMBER			
Street Address 3471 KINGSTOWN ROAD		City WEST KINGSTON	State RI	Zip 02892	
NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY TO WHOM YOU ARE A MEMBER BEFORE USING ATTACHMENTS - (SEE INSTRUCTIONS) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.S. 7-16-66 (b) 7-16-66					
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
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 DAVID DIPALMA, ESQ.		Address			
Address 138 WARREN AVENUE		City EAST PROVIDENCE	Zip 02914-		

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



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By *AMF*
72235

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

Date

IRFAN SAEED

Print or Type Name of Authorized Person

148532 DLLC 10/06/06 01:57:08 PM

File Date _____

Check No. _____

By: _____

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