



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. 135461		2. Exact name of the limited liability company Country 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 WITH CONVENIENCE STORE		
5. Principal office address 4063 SOUTH COUNTY TRAIL		City CHARLESTOWN	State RI	Zip 02813
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name IRFAN SAEED		Contact Title MEMBER		
Street Address 4063 SOUTH COUNTY TRAIL		City CHARLESTOWN	State RI	Zip 02813
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		Manager Name		
Street Address		Street Address		
City	State	Zip	City	State
Manager Name		Manager Name		
Street Address		Street Address		
City	State	Zip	City	State
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, RI	Zip 02914	

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

135461

FILED
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By AMK
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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]
Signature of Authorized Person _____ Date _____

IRFAN SAEED

Print or Type Name of Authorized Person

File Date _____
Check No. _____
By: _____
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