

A. Ralph Mollis, Secretary of State
Corporation Vibration
148 W. Richeston
Providence, RI 02404-2615

LIMITED LIAI Filing Period: Septen THIS REPORT MUST	nber 1 - November	1 • Filing Fee: \$5	L REPORT FOR TH a.oo black ink	E YEAR 20	208
1741837	Exact name of the limited lia	bility company GAS L.	۷. ر		
3. State of Formation	4. Brief description of	the character of the husiness	subject is actually conducted in Rhode Isl	and	
RI	Gae S	Haban Ee	CONVIENCE -	Store	
5. Principal office address 959 WO 6. MAILING ADDRESS	Y WICK A	_	City WAR WICK ME OR TITLE OF CONTACT PE	State RSON:	02809
Sajid Lateet			Contact Tille DEMBER		
S cet Address 9 RAVIN	ERD	Profesional Control of the Control o	MAHLAND	State MA	0177
	FILL IN SPACE	S BEFORE USING AT	ABILITY COMPANY, IF APPLICATION OF AMENDMENT, R.I.G. Manager Name	TTACHMENT)	
St at Address	-		Street Address		
City	State	Zip	Clty	State	Zip
Manager Name		•••	Manager Name		
Street Address			Street Address		
Cuy	State	Zip	City	State	Zip
8. RESIDENT AGENT IN Agent Name RITA			ges require filing of Form 642 Address	- R.I.G.I 7-16-11	
115 MC	ain shu	NDHI AVE	CUY WARWICK	^{2φ} R7	02886
					

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

FILED
File Date NOV 05 2008
By: SV 1008
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this eport, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

Signature of Authorized Person

10 19 08 Date

SAJID LA TEFF
Print or Type Name of Authorized Person

Form 632 Rev. 08