

Check No.

FOR SECRETARY OF STATE USE ONLY

By:

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401-222,3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ____

2009

Filing Period: January 1. March 1. Filing Fee: \$50.00: THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

. Corporate ID No. 123053		2. Name of Corporation Mendon Road Leasing Corp				
). Street Address Principal Business Office 375 Broadway			City Menands	State NY	^{Zip} 12204	
Business Phone No. 5. State of Incorporation Rhode Island						
_	ne and related service	es, convenience store				
. NAMES AND ADDR	ESSES OF THE OFFI	CERS: ("X" BOX FOR ATTA	لسا -	SPACES BEFORE USING	ATTACHMENTS	
President Name			Vice President Name			
Demetrios Haseotes			N/A			
Street Address 385 State Street			Street Address			
^{City} Albany	State NY	7 <i>ip</i> 12210	City [,]	State	Zip	
Secretary Name N/A			Treasurer Name Demetrios Haseotes			
ireet Address			Street Address 385 State Street			
City	State	Zip	City Albany	State NY	^{Zip} 12210	
8. NAMES AND ADDR	RESSES OF THE DIRE	CTORS: ("X" BOX FOR AT	· —	IN SPACES BEFORE USIN		
Director Name			Director Name		ÚL.	
Demetrios Haseotes			N/A		~	
Street Address			Street Address		SECR COR	
385 State Street		770	City	State		
City	State	7:jp 12210	- CH)	CIVIL		
Albany	JNY] 12210	Director Name			
Director Name N/A			N/A ≥ SQ S			
N/A Street Address			Street Address			
CHEER MINISTERS			:		ĕ □ □ □ □	
City	State	Zip	Сиу	State	25 AT	
			10 011 1000 1000	en ("V" POV FOR ATTAC		
9. SHARES AUTHORI	IZED			ED ("X" BOX FOR ATTAC		
	<u> </u>			SECTION MUST BE COMPLETED Class/Series	Par Value	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	GRISS/SETTES		
			100		NPV	
This report must be eathis report must be ea	executed on behalf of the	he corporation by an authorize corporation by the received	zed representative. If the ror trustee.	ne corporation is in the han	ds of a receiver or trust	
this report must be ex	The second secon	, ,				
			Under nenalty	of perjury, I declare and affirm	that I have examined this	
			including any	accompanying schedules and s	statements, and that all stat	
				in are true and correct.		
	"ILED	ĺ			- 6/13/03	
File Date	JUN 2 2 2000		Signature		Date	

Demetrios Haseotes

Form 630 Rev. 08/08

Print or Type Name

President

Title