

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 2009

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

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1. ID No. 147960	2. Exact name of the lin ETEMAN, LLC	ct name of the limited liabilty company MAN, LLC				
3. State of Formation	4. Brief descrip	4. Brief description of the character of the business which is actually conducted in Rhode Island				
RHODE ISLAND	GAS STATI	ON AND CONVENIEN	ICE STORE			
5. Principal office address			City	State	Zip	
2360 KINGSTOWN ROAD			KINGSTON	RI	02881-	
		***	A CONTRACTOR OF THE PROPERTY O		and the second second	
Contact Name			Contact Title	Contact Title		
OZCAN ETEMAN			MEMBER	MEMBER		
Street Address			City	State	Zip	
2360 KINGSTOWN ROAD			KINGSTON	RI	02881	
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Manager Name			 Manager Name 	• Manager Name		
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Street Address			• Street Address	• Street Address		
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City	State	Zip	•City	State	Zip	
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Manager Name			Manager Name			
			•			
Street Address			•Street Address	•Street Address		
City	State	Zip	_City	State	Zip	
			•	13.1		
			Market Committee			
Agent Name			Address			
DAVID DIPALMA	. ESQ.				1	
Address			City		Sip VI	
			EAST PROVIDEN		02914-	
138 WARREN AVENUE			EAST PROVIDEN	CE		
					OCT A	
					-	

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



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File Date

Check No.

By:

FOR SECRETARY OF STATE USE ONLY

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

OZCAN ETEMAN

Print or Type Name of Authorized Person