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 2009

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.	2. Exact name of the limited liability company
135461	Country Food Mart, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	GAS STATION WITH CONVENIENCE STORE

5. Principal office address	City	State	Zip
4063 SOUTH COUNTY TRAIL	CHARLESTOWN	RI	02813

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
IRFAN SAEED	MEMBER

Street Address	City	State	Zip
4063 SOUTH COUNTY TRAIL	CHARLESTOWN	RI	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) ☐

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	Address		
DAVID DIPALMA, ESQ.			
Address	City		Zip
138 WARREN AVENUE	EAST PROVIDENCE, RI		02914

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

[redacted] 135461

OCT 27 2009

09-10234[illegible]

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.

[redacted]

Signature of Authorized Person — *Date* 10-20-09

IRFAN SAEED

Print or Type Name of Authorized Person

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 07/07