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 2010

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		
426626	SUNFLOWERS CONVENIENCE STORE, LLC		
3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island		
RHODE ISLAND	CONVENIENCE STORE		
5. Principal office address	City	State	Zip
329 WOONASQUATUCKET AVENUE	NORTH PROVIDENCE	RI	02911

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

Contact Name	Contact Title		
TUNDE AZEEZ	MANAGER		
Street Address	City	State	Zip
329 WOONASQUATUCKET AVENUE	NORTH PROVIDENCE	RI	02911

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		
TUNDE AZEEZ			PRINCES T. DUBLIN		
Street Address			Street Address		
329 WOONASQUATUCKET AVENUE			329 WOONASQUATUCKET AVENUE		
City	State	Zip	City	State	Zip
NORTH PROVIDENCE	RI	02911	NORTH PROVIDENCE	RI	02911
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	
TAXPLUS, LLC		
Address	City	Zip
112 RESERVOIR AVENUE	PROVIDENCE	02907

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

[redacted] 426626

FILED
File Date OCT 27 2010
Check No. By mmc
By: 1010
FOR SECRETARY OF STATE USE ONLY

[redacted]

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* 10/18/2010

TUNDE AZEEZ
Print or Type Name of Authorized Person

Form 632 Rev. 07/07