



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* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

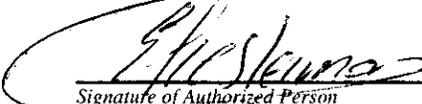
* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 153197		2. Exact name of the limited liability company SUPERSTATION ENTERPRISES, LLC			
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island GAS SERVICE STATION			
5. Principal office address 1163 PUTNAM PIKE		City CHEPACHET	State RI	Zip 02814	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name ELIE SLEIMAN			Contact Title MANAGER		
Street Address 1163 PUTNAM PIKE		City CHEPACHET	State RI	Zip 02814	
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) <input type="checkbox"/>					
Manager Name			Manager Name		
Street Address			Street Address		
City		State	Zip	City	
Manager Name			Manager Name		
Street Address			Street Address		
City		State	Zip	City	
8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11					

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

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
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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 3/21/11

ELIE SLEIMAN
Print or Type Name of Authorized Person

FILED

File Date MAR 22 2011

Check No. _____

By [Signature]

FOR SECRETARY OF STATE USE ONLY