| State of Rhode Island and Providence Plantations Fee: \$50. Office of the Secretary of State | | | |
|---|--|---|-------------------------------------|
| Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040 | | | |
| Limited Liability Com Annual Report Filing Period: September 1 | | | |
| 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. | | | |
| ANNUAL REPORT YEAR: 2012 | | | |
| 1. ID No. <u>000110657</u> | | | |
| 2. Exact Name of the Limited Liability Company Colbea Enterprises, L.L.C. | | | |
| 3. State of Formation | | | |
| State: <u>DE</u> | | | |
| 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island to purchase, acquire, own, sell, lease, develop, manage and operate motor fuel facilities, convenience stores and other businesses ancillary thereto, including, without limitation, the wholesale distribution and sale of motor fuel, and to engage in any other lawful business | | | |
| 5. Principal Office Addre | SS | | |
| | PLAINFIELD PIKE | te: <u>RI</u> Zip: <u>02921</u> (| Country: <u>USA</u> |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: | | | |
| Contact Name:Contact Title:No. and Street:2050 PLAINFIELD PIKECity or Town:CRANSTONState: RIZip:02921Country:USA | | | |
| 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS | | | |
| Title | Individual Name First, Middle, Last, Suffix | Address Address, City or Town, State | |
| 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11 | | | |
| ADLER POLLOCK & SH | EEHAN P.C. ONE CITIZENS PLAZ | A, 8TH FLOOR PROVIDE | <u>NCE</u> , <u>RI</u> <u>02903</u> |
| 9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b). | | | |

Signed this 4 Day of December, 2012 at 10:28:19 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>MARIO COLETTA</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\mbox{\sc only}}$ 2007 - 2012 State of Rhode Island and Providence Plantations All Rights Reserved