

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 20/2

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No.	2 Exact name of t	he limited liability comm	anv				
0 10 -	2. Exact name of the limited liability company						
80787	Wes-	tside	Oil	$(\circ,$	LLC		
3. State of Formation	Brief description	of the character of bu	siness conduct	ed in Rhode Island			
RI	oild	elivery	e s	ervice			
	eag H	11 ld	city (WeS)	-Greenwia	State . I	()2817	
6. MAILING ADDRESS OF LIMITED LIABULTY COMFANY AND NAME OF TITLE OF CONTACT PERSON:							
Contact Name	Cout	ire	Contact Title	tice m	anage		
Street Address 97 ES	cohea	a HillRd	City /	reenwa	State F.	Zip 02817	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <u>DO NOT LIST MEMBERS</u> ("X" BOX FOR ATTACHMENT)							
Manager Name Alau (outure			Manager Name This Outure				
Street Address 97 ESON	Street Address 97 ES (Oli Pag Hill RO)						
city (NOST Greause	City West areauch R. I 2817						
Manager Name Manager Name						•	
Street Address			Street Address				
City	State	Zip	City		State	Zip	
8. RESIDENT AGENT IN RHODE ISLAND							
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.							

The second secon	FILED	Under penalty of perjury, I declare and affirm that I have examined
Pile DateCheck No	MAR 0 6 2013	this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.
By: FOR SECRETARY OF STATE USE ONLY		Print or Type Name of Authorized Person Date Line Courture Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012