

## 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

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## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR \_\_

2014

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.  141837  2. Exact name of the limited liability company  STOP & GAS LLC  3. State of Formation  RT  4. Brief description of the character of business conducted in Rhode Island  CONVIENCE   GAS Station  5. Principal office address   WARWICK AVE   City WARWICK RT   Zip 02289  6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  Contact Name SAJID M LATEER   Contact Title OWNEY   MEMBER  Street Address   OLD CONN PATH   City WAYLAND   State MA   Zip 01778  7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY.
4. Brief description of the character of business conducted in Rhode Island  CONVIENCE   Gas Station  5. Principal office address   WARWICK AVE   WARWICK RT   02289  6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  Contact Name SAJID M LATEER   Contact Title   OWNEY   MEMBER  Street Address   OLD CONN PATH   WAYLAND   State   Zip 01778
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LIST <u>ALL</u> MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <u>DO NOT LIST MEMBERS</u> ("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
State Zip City State Zip
RESIDENT AGENT IN RHODE ISLAND
his information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.
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FILED # PART PROPERTY OF THE P
SEP <b>2.9</b> 2014
By 233709
CM SS PA
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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.
Check No 9 - 22
By: Signature of Authorized Person Date
FOR SECRETARY OF STATE USE ONLY  SATIO LACEC  Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012