

Matthew A. Brown, Secretary of State Corporations Division 148 W. River Street, Providence, RI 02904-2615 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR Filing Period: September 1 - November 1 • Filing Fee: \$50.00

1. ID No.	2. Exac	t name of the lin	nited liabilty compan	<i>y</i>	· · ·						
147960		MAN, LLC	J - 7 - 2	,							
3. State of Formation					s which is actually cond	lucted in Rho	de Ísland				
RHODE ISLAND)	GAS STATI	ON AND CONVEN	NIENCE ST	ORE						
5. Principal office address 2360 KINGSTOWN ROAD					City KINGSTON		State RI		Zip 02881-		
Contact Name OZCAN ETEMAN					Contact Title MEMBER						
Street Address					City	,	State		Zip		
2360 KINGSTOW	N ROAL)			.KINGSTON		RI	,	02881		
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Manager Nome					• Manager Name						
Strant A. I.					Street Address						
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Manager runc				• • •	Manager Name	• • • • •	l		J.g.	· 2000年	
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Agent Name				····	Address				2	14	
DAVID DIPALMA	, ESQ.										
Address					City		•	Zip			
138 WARREN AVENUE					EAST PROVIDENCE 029			02914-	}14-		
			FIL	D 7 2048							

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



147960 DLLC 10/06/06 01:35:22 PM
File Date
Check No.
B <u>y:</u>
FOR SECRETARY OF STATE USE ONLY

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.

Date

OZCAN ETEMAN