

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 201/4

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. 000155721	2. Exact name of the limited liability company CORY'S REAL ESTATE LLC					
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island					
RI	Gas station, convenience store and car wash					
5. Principal office address 6690 POST ROAD			City NORTH KINGSTOWN	State RI	Zip 02852	
6. MAILING ADDRESS OF LI	MITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT PERSO	N:	A Company of the Comp	
Contact Name SOUHAIL KHOURY			Contact Title PRESIDENT			
Street Address 674 PUTNAM PIKE			City GREENVILLE	State RI	Zip 02828	
7. LIST ALL MANAGERS (NA ("X" BOX FOR ATTACHME		RESSES) OF THE	LIMITED LIABILITY COMPANY, IF APPI	LICABLE - DO	NOT LIST MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip 🙀 Corr	
8. RESIDENT AGENT IN RHO	DDE ISLAND			<u> </u>	<u> </u>	
		e Office of the Secr	retary of State. Changes require filing F	orm 642.		
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	Under penalty of perjury, I declare apd affirm that I have examined
File Date	this report, including any accompanying schedules and statements,
	and that all statements contained herein are true and correct,
Check No	10/70/7014
	The total way
By:	Signature of Authorized Person Date
	SOUHAIL KHOURY, PRESIDENT
FOR SECRETARY OF STATE LISE ONLY	

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012