

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 2011

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 desc	Brief description of the character of business conducted in Rhode Island				
RI	Gas stati	Gas station, convenience store and car wash				
5. Principal office address 6690 POST ROAD			City NORTH KINGSTOWN	State RI	Zip 02852	
	MITED LIABILIT	Y COMPANY AND NAME	OR TITLE OF CONTACT PERSO	N:		
Contact Name SOUHAIL KHOURY			Contact Title PRESIDENT			
Street Address 674 PUTNAM PIKE			GREENVILLE	State RI	Zip 02828	
. LIST <u>ALL</u> MANAGERS (N. ("X" BOX FOR ATTACHMI		RESSES) OF THE LIMIT	ED LIABILITY COMPANY, IF APP	LICABLE - DO I	NOT LIST MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
Dity	State	Zìp	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
Dity	State	Zip	City	State	Zip C3	
. RESIDENT AGENT IN RHO	DDE ISLAND				2014 CCC SECCC	
me anomation is currently	orrecord in the	FILED COCT 2 0 2014	of State. Changes require filing I	Oilli 042.	RETARY OF STATE RPORATIONS DIV	
	BY	10/29	Under penalty of perjury, I	doolare and offi	wm that I have evamined	
File Date		10.29	this report, including any a and that all statements cor	ecompanying s	chedules and statements,	
Check No			South		-10/20/20	
Ву:			Signature of Authorized Pers	1	Date	
FOR SECRETARY OF STAT	TE USE ONLY		SOUHAIL KHOURY, I			
FOR SECRETARY OF STATE USE ONLY			Print or Type Name of Authorized Person			

Form No. 632 Revised: 01/2012