



**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** 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. 259674		2. Exact name of the limited liability company 4120 Mendon Road, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To buy, sell, manage real estate and/or operate a convenience store & gas station.			
5. Principal office address 4120 Mendon Road		City Cumberland	State RI	Zip 02864	
<b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>					
Contact Name Philip F. Godfrin		Contact Title Member			
Street Address 176 Eddie Dowling Highway		City North Smithfield	State RI	Zip 02896	
<b>7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS</b> <input type="checkbox"/> (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			
City	State	Zip	City	State	Zip
<b>8. RESIDENT AGENT IN RHODE ISLAND</b>					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

9:45 AM  
**FILED**  
 APR 19 2016  
 By 272563  
 KM

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 CORPORATIONS DIV  
 2016 APR 19 AM 9:43

File Date: \_\_\_\_\_  
 Check No: \_\_\_\_\_  
 By: \_\_\_\_\_  
**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.

*Philip F. Godfrin* 4-15-16  
 Signature of Authorized Person Date  
 Philip F. Godfrin  
 Print or Type Name of Authorized Person