

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401-222,3040

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

401.222.30<sup>2</sup>

(FORM MUST BE TYPI	ED OR PRINTED IN BL	ACK)					•
1. ID No.	2. Exact name of th	2. Exact name of the limited liability company					
123002		1100 MAIN ST. COVENTRY, LLC					
3. State of Formation	4. Brief de	escription of the cha	tracter of the business wi	bich is actually conducted in Rhod	de Island		
RHODE ISLAND	CONV	CONVENIENCE STORE/GAS STATION					
5. Principal office addi	ess	· · · · · · · · · · · · · · · · · · ·		City	State	<del></del>	Zip
1100 Main Street				Coventry	RI		02816
6. MAILING ADDI	RESS OF LIMITED	LIABILITY CO	MPANY AND NAMI	OR TITLE OF CONTACT			1 02010
Contact Name				Contact Title			
BHADRESH P.	ATEL			MANAGER			
Street Address				City	State		Zip
170 Crossi	ng Drive			Cumberland	I I	RI	02864
	FILL 1	N SPACES BEI	ORE USING ATTA	ILITY COMPANY, IF APPI CHMENTS ("X" BOX FO	OR ATTACHMENT	) []	
A	NY MODIFICATION	NS TO MANAG	ERS REQUIRES FI	LING OF AMENDMENT, R	.I.G.L. 7-16-12 (a	a) (2) / 7-16	5-52
Manager Name BHADRESH PA	ATEL			Manager Name			
Street Address 170 Crossin	ng Drive	<u></u>		Street Address			**
Cumberland	State RI	Ziţ	02864	City:	State	···	Zip
Manager Name			****************	Manager Name			
Street Address	•		· ·	Street Address			
City	State	Zip	7	City	State		Zip
<b>3. RESIDENT AGE</b> I Agent Name	NT IN RHODE ISLA	ND - DO NOT	ALTER - Changes	require filing of Form 6	642 - R.I.G.L. 7-1	6-11	I
JOSEPH A. LAMAGNA			The state of the s				
Address				City		Zip	
716 CENTRAL AVENUE			PAWTUCKET		02861-		
					02001-		

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

	*123002*					
File Date	14/20/05	12/10	405			
Check No By:	D	<u> </u>				
	R 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.

Signature of Authorized Derson Date

BHADRESH PATEL, MANAGER

Print or Type Name of Authorized Person



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

Filing Period: September 1 - November 1. Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 2. Exact name of the limited liabilty company 123002 1100 MAIN ST. COVENTRY, LLC

4. Brief description of the character of the business which is actually conducted in Rhode Island 3. State of Formation RHODE ISLAND CONVENIENCE STORE/GAS STATION 5. Principal office address State 1100 Main Street Coventry RI 02816 6 MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON Contact Title BHADRESH PATEL MANAGER Street Address City State 170 Crossing Drive · Cumberland 02864 NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED HARBLITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE CHING KETACHMENTS PYTHUX PUR APTACHMENT) NY MICHERCATRING TO MANAGER'S REQUIRES FILING OF AMERICALENT. REG. 17-18-12 (8) (Ø 17-18-5 Manager Name · Manager Name BHADRESH PATEL Street Address Street Address 170 Crossing Drive State Zip •Citv State Zip Cumberland RI 02864 Manager Name Manager Name Street Address Street Address Zip.Citv State Zip R. RESIDENT AGENT IN REIODE ISLAND DO NOT ALTER Changes require filing of Form 642 . E.L.S.L. 7.16-11 JOSEPH A. LAMAGNA 716 Central Avenue Address Zip Pawtucket, RI 02861 хx

This report must be signed in ink by an authorized person pursuant to 7-16-66.

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Signature of Authorized Person

E/2/05

BHADRESH PATEL, MANAGER

Print or Type Name of Authorized Person

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State Corporations Division 101 North Main Street, Providence, EL 02905-1335 401,222,3040

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				Coventry	R	I.	02816
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BHADRE	54 P	ATEL		Consect Title			
Sweet Address	<del> </del>	·· ———————————————————————————————————	<del></del>	Manager			
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Street Address				Street Address			
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Agent Name				Address			7
JOSEPH A. LAN	4AGNA			1.00.00%		,	
Address							
fg16 CENTRAL A	TTPNITE			City		Zip	
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9/27/04

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Under penalty of perjury, I declare and affirm that I have examined this report, including any account anying schedules and statements, and that all statements contained herein are true and cornect.

Signature of Avilhorized Person

BHADRESH SITEL