



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
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 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 123002		2. Exact name of the limited liability company 1100 MAIN ST. COVENTRY, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island CONVENIENCE STORE/GAS STATION	
5. Principal office address 1100 Main Street		City Coventry	State RI
		Zip 02816	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name BHADRESH PATEL		Contact Title MANAGER	
Street Address 170 Crossing Drive		City Cumberland	State RI
		Zip 02864	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name BHADRESH PATEL		Manager Name	
Street Address 170 Crossing Drive		Street Address	
City Cumberland	State RI	City	State
Zip 02864		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name JOSEPH A. LAMAGNA		Address	
Address 716 CENTRAL AVENUE		City PAWTUCKET	Zip 02861-

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



123002

File Date	11/22/05	12/12/05
Check No.	6170	6170
By:	[Signature]	
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.

Signature of Authorized Person

Date

BHADRESH PATEL, MANAGER

Print or Type Name of Authorized Person



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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)

1. ID No. 123002		2. Exact name of the limited liability company 1100 MAIN ST. COVENTRY, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island CONVENIENCE STORE/GAS STATION	
5. Principal office address 1100 Main Street		City Coventry	State RI
		Zip 02816	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name BHADRESH PATEL		Contact Title MANAGER	
Street Address 170 Crossing Drive		City Cumberland	State RI
		Zip 02864	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS (ATTACHMENT BOX FOR ATTACHMENTS) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (3) 7-16-52			
Manager Name BHADRESH PATEL		Manager Name	
Street Address 170 Crossing Drive		Street Address	
City Cumberland	State RI	Zip 02864	City State Zip
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City State Zip
8. RESIDENT AGENT IN RHODE ISLAND. DO NOT ALTER. Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name JOSEPH A. LAMAGNA		Address 716 Central Avenue	
Address		City Pawtucket, RI	Zip 02861

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

File Date	6/6/05
Check No.	1694
By	DA
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.

Signature of Authorized Person B Patel Date 6/2/05

BHADRESH PATEL, MANAGER
Print or Type Name of Authorized Person

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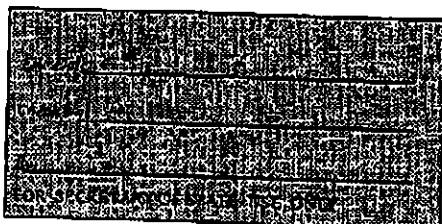
LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 123002		2. Exact name of the limited liability company 1100 MAIN ST. COVENTRY, LLC	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Convenience Store/Gas Station	
5. Principal office address 1100 Main Street		City Coventry	State RI
		Zip 02816	
Contact Name BHADRESH PATEL		Contact Title Manager	
Street Address 170 CROSSING DRIVE		City CUMBERLAND	State RI
		Zip 02864	
Manager Name BHADRESH PATEL		Manager Name	
Street Address 170 CROSSING DRIVE		Street Address	
City CUMBERLAND	State RI	City	State
Zip 02864		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Agent Name JOSEPH A. LAMAGNA		Address	
Address 16 CENTRAL AVENUE		City PAWTUCKET	Zip 02861

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



9/27/04
1345
DA

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.

Bhadresh Patel
Signature of Authorized Person

Date

BHADRESH PATEL
Print or Type Name of Authorized Person