RI SOS Filing Number: 201919393490 Date: 9/12/2019 4:00:00 PM

State of Rhode Island a Department of State Output			es Division	.—	 	
de parament of o					STAME	BUS
Annual Report for the y		19			FOR	(S)
_imited Liability Compa	=				BECRETARY OF STATE	SOAS
→ Filing period: September→ Filing Fee: \$50.00	1 - Novemb	er 1			U	S
→ Penalty: Additional \$25.00	fee if form is	s not filed by Dec	cember 1.		<u> </u>	~
	· · · · · · · · · · · · · · · · · · ·					;
1. Entity ID Number	00153969 SAXON, LLC					
00015 2 769						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
447110	O RETAIL GASOLINE SAles					1
5. State of Formation	1					
$\mathcal{K}_{\mathcal{F}}$						J
6. Principal Office Address	.l.	<u>-</u>	City	State	Zip	
1850 WARWICK XVE			WARWICK	KI	02889	ł
7. Mailing Address of Limited Lia			Title of Contact Person			
		·	Contact Title	h	_	
Contact Name NANCY AANNON Street Address			OPERATIONS	State	Zip	
Street Address WARWU	it hip		City	371	02889	
8. List ALL managers (names a	nd addresses) of the Limited L		ABLE - DO NOT LIST I	MEMBERS	
Manager Name 🔿			Manager Name			
Street Address			Street Address			
V= 1					T	
City , ,	State	Zip	l City	State	Zıp	
Manager Name	<u>.L=</u>		Manager Name			
Street Address			Street Address			
City	State	Zıp	City	State	Zip	
	<u> </u>		<u> </u>	Check the box to i	 indicate an attachme	nt 🗌
9. Resident Agent in Rhode Isla	nd. This inform	nation is currently of	f record with the Department of S	State. Changes require filir	ng Form 642.	
Under penalty of perjury, I de statements, and that all states	clare and aff	irm that I have e.	xamined this report, includ			
Name of Authorized Person				Date		
Robert To	TTEL			9.9.19		
Signature of Authorized Person	ite	SIGN	DOCUMENT HERE			
V-10 01	· ~ /		<u> </u>			

MAIL TO:

Division of Business Services

148 W. River Street, Providence. Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

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FORM 632 - Revised: 10/2017