

Matthew A. Brown, Secretary of State Corporations Division 148 W. River Street, Providence, RI 02904-2615 401.222,3040 -

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005 Filing Period: September 1 - November 1 • Filing Fee: \$50.00

I I/\ N_	1 2 E	a manage of the U.						
1. ID No. 139959		Exact name of the limited liability company VESTLAKES GAS & CONVENIENCE, LLC						
3. State of Formation		4. Brief descrip	otion of the character of t	he business which is actually conducted in	ness which is actually conducted in Rhode Island ,			
RHODE ISLAND gas station & convenience			e store					
5. Principal office address 707 POINT JUDITH ROAD			City	State	Zip			
			NARRAGANSETT	RI	02882-			
6. MAILING AD	DRESS (F LIMITED	LIABILITY COM	ANY AND NAME OR TITLE O	F CONTACT PE	RSON:		
Contact Name				Contact Title		··		
Paul J. Ca	rr, Jr	•		•				
Street Address	ireet Address			City	State	Zip		
707 Point Judith Road				.Narragansett	RI	02882		
Manager Name					S FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52 - Manager Name			
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Street Address			···	• Street Address	 -			
Street Address			···	·	 .			
		State	Zip	·	State	Zip		
City		State	Zip	· Sireei Address	State	Zip		
Street Address City Manager Name Street Address		State	Zip	*Street Address *City	State	Zip		
City Manager Name		State	Zip	Street Address City Manager Name	State	Zip		
City Manager Name Street Address City		State	Zip	*City *Manager Name *Street Address City	State	Zip		
City Manager Name Street Address City 8. RESIDENT AC	ENT IN R	State	Zip	Street Address **City **Manager Name **Street Address **City Changes require filling of For	State	Zip		
City Manager Name Street Address City 8. RESIDENT AC		State HODE ISLAN	Zip	*City *Manager Name *Street Address City	State	Zip		
City Manager Name Street Address City 8. RESIDENT AC		State HODE ISLAN	Zip	Street Address **City **Manager Name **Street Address **City Changes require filling of For	State m 642 - R.I.G.L., 7	2 <i>ip</i>		
City Manager Name Street Address City		State HODE ISLAN	Zip	City *Manager Name *Street Address City Changes require filing of For Address	State m 642 - R.I.C.L., 7	2 <i>ip</i>		

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).



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File Date	3/7/06	
Check No.	1003	
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FOR SECRETA	RY 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.
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Signulure of Authorized Rerson \ (Date
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thing the first
Print or Type Name of Authorized Person