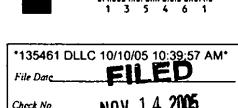


Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401,222,3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST RE TYPED OR PRINTED IN BLACK) 2. Exact name of the limited liabilty company I. ID No. 135461 Country Food Mart, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island GAS STATION WITH CONVENIENCE STORE RHODE ISLAND State 5. Principal office address RI 4063 SOUTH COUNTY TRAIL CHARLESTOWN 02813-6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Contact Name IRFAN SAEED .MEMBER City State Zip Street Address · CHARLESTOWN RI 02813-4063 SOUTH COUNTY TRAIL 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52 Manager Name Manager Name NONE · Street Address Sircet Address Ciry State 7.ip State Zip Manager Name Manager Name Street Address ·Street Address State City State Тэр City Ζір 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.GL. 7-16-11 Address DAVID DIPALMA, ESQ. 138 WARREN AVENUE Address City Ζip EAST PROVIDENCE 02914-

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



FOR SECRETARY OF STATE AS EARLY OF

Under penalty of periury. I decl	arc and affirm that I have examined
and that all statements contained	npanying solvedules and statements, d herein are true and correct.

Signature of Authorized Person Di

IRFAN SAEED
Print or Type Name of Authorized Person

Form 632 Rev. 6/02



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

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*135461 DLLC		III s 1	EAST PROVIDENCE n pursuant to 7-16-66. Under penalty of perithis report, including and that all statement. Signature of Authorized.	ury, I declare and any accompanying contained herei	ľ	
135461 DLLC File Date Check No.	st be signed in ink	04 PM	EAST PROVIDENCE n pursuant to 7-16-66. Under penalty of perithis report, including and that all statement.	ury, I declare and any accompanying contained hereing errson	d affirm that I have examined and schedules and statements, in are true and correct.	