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.	2. Exact name of the limited liability company
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
RHODE ISLAND	GAS STATION WITH CONVENIENCE STORE

5. Principal office address	City	State	Zip
4063 SOUTH COUNTY TRAIL	CHARLESTOWN	RI	02813-

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
IRFAN SAEED	MEMBER

Street Address	City	State	Zip
4063 SOUTH COUNTY TRAIL	CHARLESTOWN	RI	02813-

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	Street Address	City	State	Zip
NONE				

Manager Name	Street Address	City	State	Zip

Manager Name	Street Address	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	Address	City	Zip
DAVID DIPALMA, ESQ.	138 WARREN AVENUE	EAST PROVIDENCE	02914-

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

[redacted] 1 3 5 4 6 1 [redacted]

135461 DLLC 10/10/05 10:39:57 AM
File Date FILED
Check No. NOV 14 2005
By: By 10/14/05
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*

IRFAN SAEED
Print or Type Name of Authorized Person

[redacted]

Form 632 Rev. 6/02

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

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

[redacted] 1 3 5 4 6 1 [redacted]

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*

IRFAN SAEED
Print or Type Name of Authorized Person

[redacted]

135461 DLLC 09/24/04 12:39:04 PM
File Date 11/19/04
Check No. 6458
By: VS.
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 6/02