Form 5500	Annual Return/Report of I	OMB Nos. 1210-0110 1210-0089				
Department of the Treasury Internal Revenue Service	This form is required to be filed for employ and 4065 of the Employee Retirement Inco					
Department of Labor	sections 6047(e), and 6058(a) of the Int	· · · · ·	2010			
Employee Benefits Security Administration	<ul> <li>Complete all entries i the instructions to t</li> </ul>					
Pension Benefit Guaranty Corporation			This Form is Open to Public Inspection			
Part I Annual Report Ider	tification Information					
For calendar plan year 2010 or fiscal	plan year beginning 01/01/2010	and ending 12/31/2	2010			
A This return/report is for:	a multiemployer plan;	a multiple-employer plan; or				
	X a single-employer plan;	a DFE (specify)				
<b>B</b> This return/report is:	the first return/report;	the final return/report;				
	an amended return/report;	than 12 months).				
<b>C</b> If the plan is a collectively-bargain	ed plan, check here	_				
<b>D</b> Check box if filing under:	· — ·	automatic extension;	the DFVC program;			
	special extension (enter description)					
Part II Basic Plan Inform	nation—enter all requested information					
1a Name of plan L&M SERVICE STATION INC. 401(K	PROFIT SHARING PLAN & TRUST		1b Three-digit plan number (PN) ►			
			<b>1c</b> Effective date of plan 01/01/2007			
2a Plan sponsor's name and addres (Address should include room or s L&M SERVICE STATION INC.	s (employer, if for a single-employer plan) uite no.)		<b>2b</b> Employer Identification Number (EIN) 11-3225174			
			<b>2c</b> Sponsor's telephone number 718-544-0026			
67-20 MAIN STREET FLUSING, NY 11367	67-20 MAIN STRE FLUSING, NY 113	<b>2d</b> Business code (see instructions) 447100				

## Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	05/11/2011	LOUIS FILANGERI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
HERE	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

	Plan administrator's name and address (if same as plan sponsor, enter "Same")		Iministrator's EIN 3225174
67-	20 MAIN STREET JSING, NY 11367	3c Ad	ministrator's telephone mber 3-544-0026
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN the plan number from the last return/report:	and	4b EIN
а	Sponsor's name		<b>4c</b> PN
5	Total number of participants at the beginning of the plan year	5	1
6	Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d).		
а	Active participants	6a	1
b	Retired or separated participants receiving benefits	6b	0
С	Other retired or separated participants entitled to future benefits	. 6c	0
d	Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b>	6d	1
е	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	. 6e	0
f	Total. Add lines <b>6d</b> and <b>6e</b>	. 6f	1
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	. 6g	1
	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

Page **2** 

Form 5500 (2010)

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 3E

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a	a Plan funding arrangement (check all that apply)			9b	Plan ben	efit a	fit arrangement (check all that apply)				
	(1)		Insurance		(1)		Insurance				
	(2)		Code section 412(e)(3) insurance contracts		(2)		Code section 412(e)(3) insurance contracts				
	(3)	X	Trust		(3)	Х	Trust				
	(4)		General assets of the sponsor		(4)		General assets of the sponsor				
10	Check	all ap	10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)								
a Pension Schedules			b General Schedules								
а	Pensio	on <u>S</u> c	hedules	b	General	Sch	nedules				
а	Pensic (1)	on Sc	hedules R (Retirement Plan Information)	b	General (1)	Sch	nedules H (Financial Information)				
а		on Sc		b		Sch X					
а	(1)	on Sc	<ul> <li>R (Retirement Plan Information)</li> <li>MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan</li> </ul>	b	(1)	Sch ×	H (Financial Information)				
а	(1)	on Sc	<ul><li>R (Retirement Plan Information)</li><li>MB (Multiemployer Defined Benefit Plan and Certain Money</li></ul>	b	(1) (2)	Sch X	<ul><li>H (Financial Information)</li><li>I (Financial Information – Small Plan)</li></ul>				
а	(1)	on Sc	<ul> <li>R (Retirement Plan Information)</li> <li>MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan</li> </ul>	b	(1) (2) (3)	Sch ×	<ul> <li>H (Financial Information)</li> <li>I (Financial Information – Small Plan)</li> <li>A (Insurance Information)</li> </ul>				

Charmed Field       This activated is inspained to be lifed under sector 10 of the Enginging for the life data with the life data data withe life data with the life data data with t		SCHEDULE I	form	ation—Sr	nall	Plan			OMB No. 1210-0110			
Description         2010           Description         Prior Action Security Act of UP 4 (ERISA), and second 0658(a) of the Linkspectrom           Description         Prior Action Security Act of UP 4 (ERISA), and second 0658(a) of the Linkspectrom           Period Review Links         Prior Action Security Act of UP 4 (ERISA), and second 0658(a) of the Linkspectrom           Period Review Links         Prior Action Security Act of UP 4 (ERISA), and second 058(a) of the Linkspectrom           Period Review Links         Prior Action Action Security Act of UP 4 (ERISA), and second 058(a) of the Linkspectrom           A Name of plan         Description Action Number (ERI)         001           C Plan sponsor's name as shown on line 2a of Form 5500         Description Action Number (ERI)         11-3225174           Complete Schedule I f the plan covered fewer than 100 panticipants as of the beginning of the plan year. You may also complete Schedule I fyou are filing as a simulation under the 0.120 panticipant rule (see instruction). Complete Schedule H rule or DESC           Part I Small Plan Finance 11 formation         Report the form that on the network of the plan network of the plan network of the plan sector of the Plan second of the plan sector of the Plan second of the Plan second of						man	i iaii	-				
Entry Name       Prile as an attachment to Form 5500.       This Form is Open to Public Insertion of the point the point the point of the point of the point of the		Department of the Treasury	Act of 19	974 (ERISA), and	d sectio	the Emplo on 6058(a)	yee of the		2010			
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LAM SERVICE STATION INC.       11.3223174         Complete Schedule If the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a samal plan under the 80-120 participant rule (see instructions). Complete Schedule I if reports and plan under the 80-120 participant rule (see instructions). Complete Schedule I if reports and plan under the 80-120 participant rule (see instructions). Complete Schedule I if reports and plan year. Combine the value of plan sasets held in more than one truts. Do not enter the value of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts toffere insurance carries. Round off announts to the nearest dollar.         1       Plan Assets and Liabilities:       (a) Beginning of Year       (b) End of Year         4       Total plan isabilities:       (b) End of Year       (c) End of Year         4       Total plan assets.       1b       (b) Total         Contributions received or receivable:       (a) Amount       (b) Total         (c) Participants.       2a(1)       0         (d) Total income.       2a(2)       0         (e) Bendify real-       2a(2)       0         (f) Employers       2a(3)       0         (g) Other income.       2a       0         (g) Other income.       2a       0         (g) Cortari decad lines 2a(1), 2a(2), 2a(3), 2b, and 2c)       2a       0         (g) Cortari			ST			0		•	001			
small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.          Part 1       Small Plan Financial Information         Report blev the current value of assets and labilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets field in more than one trust. Do not enter the value of the potion of an insurance contract that guaranteed during shad and any paymetrificace plat shows the including any trus(s) or separately maintained fund(s) and any paymetrificace plat shows the including any trus(s) or separately maintained fund(s) and any paymetrificace plat shows to the nearest dollar.         1       Plan Assets and Llabilities:       (a) Beginning of Year       (b) End of Year         0       Total plan assets.       1a       45       54         2       Income, Expenses, and Transfers for this Plan Year:       (a) Amount       (b) Total       (b) Total         3       Total plan asset.       2a(3)       0       0         4       Total plan seets (subtract line 1b from line 1a)       1c       42       (b) Total         3       Other income       2a(3)       0       0         4       Total plan asset (subtract line 1b from line 1a)       2a(3)       0       0         3       Other income       2a		•					entificatio	n Numbe	r (EIN)			
Report below the current value of assets and liabilities, income, expenses, transfers and changes in real assets fueld income than one two low fuel walue of the prime value of the prim value of prime value of the prime value of the prim value of th									ete Scheo	dule I if you are filing as a		
assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. Include any expressed to the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar.          1       Plan Assets and Liabilities:       1       1       (a) Beginning of Year       (b) End of Year         2       Total plan assets       1a       45       54         5       54         2       Income, Expenses, and Transfers for this Plan Year:       (a) Amount       (b) Total         a       Contributions received or receivable:       (a) Amount       (b) Total         (1)       Employers       2a(1)       0         (2)       Participants.       2a(3)       0         (3)       Others (including rollovers)       2a       2c       22         d       Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)       2d       2d       22         d       Total income (add lines 2a, c), 2a(3), 2b, and 2c)       2d       2d       22         d       Contributions celevide of rollovers)       2t       0       2d       2d         f       Contributions celevide of rollovers)       2t       0       2d       2d       2d	Pa	art I Small Plan Financia	I Information									
a       Total plan assets       1a       45       64         b       Total plan liabilities	ass ber	sets held in more than one trust. Do nefit at a future date. Include all inc	o not enter the value of the portion ome and expenses of the plan inc	of an in	surance contrac	t that g	juarantees	during th	is plan ye	ar to pay a specific dollar		
b       Total pian liabilities       10       10         c       Net plan assets (subtract line 1b from line 1a)       1c       46       54         2       Income, Expenses, and Transfers for this Plan Year:       (a) Amount       (b) Total         a       Contributions received or receivable:       2a(1)       0         (1)       Employers       2a(2)       0         (2)       Participants       2a(2)       0         (3)       Others (including rollovers)       2a(3)       0         b       Noncash contributions       2b       0         c       Other income       2c       22         d       Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)       2d       2d         c       Certain deemed distributions (see instructions)       2t       0         g       Corrective distributions (see instructions)       2t       0         g       Corrective distributions (see instructions)       2t       0         g       Other expenses       2t       0         g       Total expenses (add lines 2e, 2t, 2g, 2h, and 2)       2j       13         j       Total expenses (add lines 2e, 2t, 2g, 2h, and 2)       2j       13         j       Total expe	1	Plan Assets and Liabilities:			<b>(a)</b> Be	ginning	g of Year			(b) End of Year		
c       Net plan assets (subtract line 1b from line 1a)       1c       45       54         2       Income, Expenses, and Transfers for this Plan Year:       (a) Amount       (b) Total         a       Contributions received or receivable:       2a(1)       0         (1)       Employers       2a(2)       0         (2)       Participants       2a(3)       0         (3)       Others (including rollovers)       2b       0         c       Other income       2c       22         d       Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)       2d       2e         g       Certain deemed distributions (see instructions)       2t       0         g       Certain deemed distributions of participant loans (see instructions)       2t       13         i       Other expenses       2i       13         j       Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)       2i       13         j       Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)       2i       13         j       Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)       2i       13         j       Total expenses (add lines assets at anytime during the plan year in any of the following categories, check "Yes" and enter the curent value of any assets remaining in the plan set asset at anytim	а	Total plan assets		. 1a				45			54	
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(2)       Participants	а	Contributions received or received	ble:									
(a) Others (including rollovers)       2a(3)       0         (b) Noncash contributions       2b       0         (c) Other income       2c       22         (d) Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)       2d       22         (e) Benefits paid (including direct rollovers)       2e       0         (f) Corrective distributions (see instructions)       2f       0         (g) Certain deemed distributions of participant loans       2g       0         (g) Corrective distributions of participant loans       2g       0         (see instructions)       2h       0         (a) Other expenses       2i       13         (f) Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)       2k       9         (f) Transfers to (from) the plan (see instructions)       2l       13         (g) Transfers to (from) the plan (see instructions)       2l       0         3 Specific Assets: If the plan heid assets at anytime during the plan vear. Allocate the value of the plan's interest in a comminged trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.       3a       X         (g) Employer real property       3b       X       4       4         (h) Employer real property       3c       X       4		(1) Employers		. 2a(1)		0						
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c       Definition providers       2e         f       Corrective distributions (see instructions)       2f       0         g       Certain deemed distributions of participant loans (see instructions)       2g       0         h       Administrative service providers (salaries, fees, and commissions)       2h       0         i       Other expenses       2i       13         j       Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)       2k       9         i       Transfers to (from) the plan (see instructions)       2l       0         3       Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.       Yes       No       Amount         a       Partnership/joint venture interests.       3a       X       1         b       Employer real property.       3b       X       1         c       Real estate (other than employer real property)       3c       X       1         d       Employer securities.       3d       X       1         e       Participant	d	Total income (add lines 2a(1), 2a	(2), 2a(3), 2b, and 2c)	. 2d					22			
Concurre distributions (see instructions)       2g       0         g Certain deemed distributions of participant loans (see instructions)       2g       0         h Administrative service providers (salaries, fees, and commissions)       2h       0         i Other expenses       2i       13         j Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)       2i       13         k Net income (loss) (subtract line 2j from line 2d)       2k       9         l Transfers to (from) the plan (see instructions)       2l       0         3 Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.       3a       X         a Partnership/joint venture interests.       3a       X       1         b Employer real property.       3b       X       1         c Real estate (other than employer real property)       3c       X       1         d Employer securities       3d       X       1         e Participant loans.       3e       X       1	е	Benefits paid (including direct rol	lovers)	. 2e				0				
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i       Outroe expenses (add lines 2e, 2f, 2g, 2h, and 2i)       13         j       Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)       2j         k       Net income (loss) (subtract line 2j from line 2d)       2k         l       Transfers to (from) the plan (see instructions)       2l         3       Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan so of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.         a       Partnership/joint venture interests.       3a         b       Employer real property.       3b         c       Real estate (other than employer real property)       3c         d       Employer securities.       3d         e       Participant loans.       3e		•	( · · · · /					-				
intervention       interventin       interventin       i								15			13	
I Transfers to (from) the plan (see instructions)       21         3 Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.       Yes       No       Amount         a Partnership/joint venture interests	J I-		<b>3</b>					-				
1       Transfers to (nom) the plan (see instructions)       21         3       Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.         a       Partnership/joint venture interests.       Yes       No       Amount         a       Partnership/joint venture interests.       3a       X         b       Employer real property.       3b       X         c       Real estate (other than employer real property)       3c       X         d       Employer securities.       3d       X         e       Participant loans.       3e       X	ĸ							-				
remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line- by-line basis unless the trust meets one of the specific exceptions described in the instructions.          Yes       No       Amount         a       Partnership/joint venture interests	<u> </u>	, , , , ,			64 6 H		1 1 (3	<pre>/ ""</pre>			0	
a Partnership/joint venture interests	3	remaining in the plan as of the end	of the plan year. Allocate the value o	of the pla	n's interest in a co		led trust co	ntaining th		of more than one plan on a l	ine-	
a       Partnership/joint venture interests	_				٦		Yes			Amount		
b Employer real property					F							
C       Real estate (other than employer real property)         d       Employer securities         e       Participant loans         3e       X	b				-	3b						
e     Participant loans	С		,			3c						
e Participant loans 3e	d	Employer securities										
	-							^				

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			Yes	No	Amount
3f	Loans (other than to participants)	3f		Х	
g	Tangible personal property	3g		Х	

Pa	art II Compliance Questions				
4	During the plan year:		Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		x	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance.	4b		X	
С	Were any leases to which the plan was a party in default or classified during the year as uncollectible?	4c		x	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)	4d		x	
е	Was the plan covered by a fidelity bond?	4e		Х	
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?	4i		X	
j	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4j		x	
k	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	4k	X		
Т	Has the plan failed to provide any benefit when due under the plan?	41		Х	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		Х	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n		x	
5a	Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year	Ye	es 🛛 N	lo A	mount:

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)