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-> Penalty: Additional \$25.00 fee if form is not filed by December 1.

State of Rhode Island and Providence Plantations Department of State - Business Services Division	
Annual Report for the year: 2017	TAM?
Limited Liability Company	
→ Filing period: September 1 - November 1	

1. Entity ID Number	2. Exact name of the Limited Liability Company						
001667684	Xcaliber International, Ltd., L.L.C.						
3. NAICS Code	Brief description of the character of business conducted in Rhode Island						
312230	Xcaliber manufactures cigarettes and other tobacco products for sale to licensed						
5. State of Formation	wholesalers and distributors.						
Oklahoma							
6. Principal Office Address			City	State	Zip		
1 Tobacco Road			Pryor	ок	74361		
7. Mailing Address of Limited Lia	bility Company	and Name or Tit	e of Contact Person				
Contact Name Meghan Joiner			Contact Title Associate General Counsel				
Street Address 1 Tobacco Road			City Pryor	State OK	^{Zip} 74361		
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name Lee I. Levinson			Manager Name Bruce M. Taylor				
Street Address 6911 S Gary Avenue			Street Address 6 Lagomar Road				
City Tulsa	State OK	^{Zip} 74136	City Palm Beach	State FL	^{Zip} 33480		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
	Check the box to indicate an attachment						
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.							
Under penalty of perjury, I dec statements, and that all staten				g any accompanying	schedules and		
Name of Authorized Person				Date	Date		
Meghan Joiner				9181	918/17		
Signature of Authorized Person SIGN DOCUMENT HERE							
0							

MAIL TO:

Division of Business Services

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

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

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FORM 632 - Revised: 08/2017

SEP 1 2 2017