



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**FILED**

SEP 10 2018

BY S1795

**Annual Report for the year: 2018**  
**Limited Liability Company**

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty Additional \$25.00 fee if form is not filed by December 1

|   |                    |  |   |                         |                     |
|---|--------------------|--|---|-------------------------|---------------------|
| 1. Entity ID Number<br><b>001667684</b>   |                    | 2. Exact name of the Limited Liability Company<br><b>Xcaliber International, Ltd., L.L.C.</b>  |   |                         |                     |
| 3. NAICS Code<br><b>312230</b>  |                    | 4. Brief description of the character of business conducted in Rhode Island<br><b>Xcaliber manufactures cigarettes and other tobacco products for sale to licensed wholesalers and distributors.</b> |   |                         |                     |
| 5. State of Formation<br><b>Oklahoma</b>  |                    |  |   |                         |                     |
| 6. Principal Office Address<br><b>One Tobacco Road</b>  |                    | City<br><b>Pryor</b>   | State<br><b>OK</b>                                | Zip<br><b>74361</b>     |                     |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |                    |  |   |                         |                     |
| Contact Name<br><b>Meghan Joiner</b>  |                    |  | Contact Title<br><b>Associate General Counsel</b> |                         |                     |
| Street Address<br><b>One Tobacco Road</b>   |                    | City<br><b>Pryor</b>   | State<br><b>OK</b>                                | Zip<br><b>74361</b>     |                     |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  |                    |  |   |                         |                     |
| Manager Name<br><b>Lee I. Levinson</b>  |                    |  | Manager Name<br><b>Bruce M. Taylor</b>            |                         |                     |
| Street Address<br><b>6911 S Gary Avenue</b>   |                    |  | Street Address<br><b>6 Lagomar Road</b>           |                         |                     |
| City<br><b>Tulsa</b>  | State<br><b>OK</b> | Zip<br><b>74136</b>  | City<br><b>Palm Beach</b>                         | State<br><b>FL</b>      | Zip<br><b>33480</b> |
| Manager Name  |                    |  | Manager Name                                      |                         |                     |
| Street Address  |                    |  | Street Address                                    |                         |                     |
| City  | State              | Zip  | City  | State                   | Zip                 |
| Check the box to indicate an attachment <input type="checkbox"/>  |                    |  |   |                         |                     |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.   |                    |  |   |                         |                     |
| <i>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.</i> |                    |  |   |                         |                     |
| Name of Authorized Person<br><b>Meghan Joiner</b>   |                    |  |   | Date<br><b>09/04/18</b> |                     |
| Signature of Authorized Person<br>  |                    |  |   | SIGN DOCUMENT HERE      |                     |

**MAIL TO:**  
 Division of Business Services  
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