



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2008

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b)(c)) is subject to a penalty fee of \$25.00.

1. ID No. 000119306		2. Exact name of the limited liability company Franchise Wholesale Co., L.L.C.	
3. State of Formation Missouri		4. Brief description of the character of the business which is actually conducted in Rhode Island WHOLESALE DISTRIBUTION OF TOBACCO PRODUCTS	
5. Principal office address 17798 CHESTERFIELD AIRPORT ROAD		City CHESTERFIELD	State Missouri
		Zip 63005	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name TERRI ALBRIGHT		Contact Title COMPLIANCE MGR.	
Street Address 17998 CHESTERFIELD AIRPORT ROAD		City CHESTERFIELD	State MO
		Zip 63005	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐			
Manager Name MARK DUNHAM, MANAGER		Manager Name	
Street Address 18242 CANYON FOREST COURT		Street Address	
City CHESTERFIELD	State MO	City	State
Zip 63005		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11			

FILED

NOV 16 2009

By

[Signature]
29-103857

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

000119306

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] 11-13-09
Signature of Authorized Person Date
TOM HOOD
Print or Type Name of Authorized Person

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY