



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

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 0005116998		2. Name of Corporation My Cigar Store Online, Inc.		
3. Street Address Principal Business Office 43 Robin Hood Road		City Cranston	State RI	Zip 02921
4. Business Phone No. none		5. State of Incorporation State of Rhode Island		
6. Brief Description of the Character of Business Conducted in Rhode Island Business Never Operational				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name none		Vice President Name none		
Street Address none		Street Address none		
City none	State none	Zip none	City none	State none
Secretary Name none		Treasurer Name none		
Street Address none		Street Address none		
City none	State none	Zip none	City none	State none
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name none		Director Name none		
Street Address none		Street Address none		
City none	State none	Zip none	City none	State none
Director Name none		Director Name none		
Street Address none		Street Address none		
City none	State none	Zip none	City none	State none
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES		ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
1000			none	none
			none	none

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date 3-19-2010
Check No. 1627
By: mmc
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 Lisa L. Krupa Date 3/12/10
Print or Type Name Lisa L. Krupa
Title Incorporator