RI SOS Filing Number: 201291243480 Date: 03/20/2012 4:00 PM

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2006

Filing Period: September 1 - November 1 - **This report must be typed or printed legibly.**
Filing Fee: $50.00 - FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A $25.00 PENALTY FEE.

1. Entity ID No.	2. Exact name of the limited liability company
000151311	Wise Guy Smoks LLC
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island
R.I	Distributor

5. Principal office address	City	State	Zip
10 Springbrook RD Unit 16	Westerly	RI	02891

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Melvin E. Avery	Owner

Street Address	City	State	Zip
10 Springbrook RD Unit 16	Westerly	RI	02891

7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MORE THAN 4 MANAGERS
("X" BOX FOR ATTACHMENT) ☐

Manager Name	Manager Name
Street Address	Street Address
City / State / Zip	City / State / Zip
Manager Name	Manager Name
Street Address	Street Address
City / State / Zip	City / State / Zip

8. RESIDENT AGENT IN RHODE ISLAND
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.

RECEIVED SECRETARY OF STATE CORPORATIONS DIV 2012 MAR 20 A 10:41

RECEIVED SECRETARY OF STATE CORPORATIONS DIV 2012 FEB 29 AM 11:46

FILED
MAR 20 2012
166676 1015

File Date _____

Check No _____

By: _____

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.

JK 2/22/12
Signature of Authorized Person **Date**

Melvin E Avery III
Print or Type Name of Authorized Person

Form No. 632
Rev 4556:8/7/2002