



**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 **2013**

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. <b>536441</b>		2. Exact name of the limited liability company <b>SMOKEEZ SMOKE SHOP, LLC</b>	
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of business conducted in Rhode Island <b>RETAIL SALE TOBACCO SMOKING ACCESSORIES AND RELATED ITEMS</b>	
5. Principal office address <b>39 VICKSBURG STREET</b>		City <b>PROVIDENCE</b>	State <b>RI</b>
		Zip <b>02904</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>EUFROSINA PACHECO</b>		Contact Title <b>RESIDENT AGENT</b>	
Street Address <b>1243 MINERAL SPRING AVE #206</b>		City <b>NORTH PROVIDENCE</b>	State <b>RI</b>
		Zip <b>02904</b>	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
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.			

STATE OF RHODE ISLAND  
 DIVISION OF STATE  
 CORPORATIONS  
 MAR 15 2013 AM 9:44

**FILED**

**MAR 15 2013**

BY 192788  
DS 9:44

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.

Donna Trucelli  
 Signature of Authorized Person

**03/01/2013**

Date

Donna Trucelli  
 Print or Type Name of Authorized Person

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

**FOR SECRETARY OF STATE USE ONLY**