

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

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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. 504506	2. Exact na BAM Cię	2. Exact name of the limited liability company BAM Cigars, LLC					
3. State of Formation DE	4. Brief des Wholesa	Brief description of the character of business conducted in Rhode Island Wholesale & Retail Sales					
5. Principal office address 1300 Highland Corp			City Cumberland	State Zip 02864			
	Anglese Charles	гу одрод <mark>уул</mark> айы	Charles and the factor of the state of the s	ESON			
Contact Name Linda Gietz	*** *			Contact Title Controller			
Street Address Same			City	State	Zip		
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADI IMENT)	ORESSES) OF THE	LIMITED LIABILITY COMPANY, IF	APPLICABLE - <u>DO</u>	NOT LIST MEMBERS		
Manager Name	#####################################			Manager Name			
treet Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
Manager Name	<u>:</u>		Manager Name	Manager Name			
reet Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
RESIDENT AGENT IN R		Magin Magin Conde					
This information is curren	ntly of record in the	e Office of the Secr	etary of State. Changes require fi	ling Form 642.	'		

File Date	FILED	Under penalty of perjury, I declare and affirm the this report, Including any accompanying sched and that all statements contained herein are true.	lules and statements,
Check No By:	AUG 2 1 2013		8/12/13 Date
FOR SECRETARY OF STATE USE ONLY	1897	Linda Gietz Print or Type Name of Authorized Person	

Form No. 632 Revised: 01/2012