

## 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 2014

Filling 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.

Churchill's Smoke Shop & Lounge, LLC  3. State of Formation Rt  4. Brief description of the character of business conducted in Rhode leland To engage in any business permitted LLC's under the act  5. Principal office address 899 Warren Avenue City State Zip O2914  6. MARLENG ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  Contact Name Bryan Lebeau City State Zip Cast Providence Ri U2914  7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) Manager Name Manager Name  Manager Name  City State Zip City State Zip  Menager Name  Street Address  City State Zip City State Zip  Street Address  City State Zip City State Zip  Street Address  City State Zip City State Zip  ARRESIDENT AGENT IN RHODE INLAND  This Information is currently of record in the Office of the Secretary of State. Changes require filing Form 842.	A F-W- ID No	In Eventuers of	5 12 - 15 - 16 - 4 10 - 175h		<del> </del>		
RI  5. Principal office address 899 Warren Avenue  6. MALING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  Contact Name Bryan Lebeau  Street Address 899 Warren Avenue  7. LIST ALL, MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS 899 Warren Avenue  7. LIST ALL, MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS 7. LIST ALL, MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS 7. LIST ALL, MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS 7. LIST ALL, MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS 878 WARREN NAME NOT THE ADDRESSES OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS 878 WARREN NAME NOT THE ADDRESSES OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS 879 WARREN NAME NOT THE ADDRESSES OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS 879 WARREN NAME NAME NAME NAME NAME NAME NAME NA		2. Exact name of the limited liability company Churchill's Smoke Shop & Lounge, LLC					
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Contact Title Bryan Lebeau  Street Address S99 Warrent Avenue  City						Zip 02914	
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### Street Address    City	Bryan Lebeau						
Manager Name  The Street Addrese  Street Addre	Street Address 899 Warren Avenue					Zip 02914	
Street Address  City State Zip City State Zip  Manager Name  Manager Name  Manager Name  Street Address  Street Address  Street Address  City State Zip  City			SES) OF THE LIMITE	ED LIABILITY COMPANY, IF A	PPLICABLE - <u>DO</u>	NOT LIST MEMBERS	
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S. RESIDENT AGENT IN RHODE ISLAND  This information is currently of record in the Office of the Secretary of State. Changes require filing Form 842.  FILED  OCT 2 0 2014  By 3446  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.  Check No	City	State	Zip	City	State		
FILED  OCT 2 0 2014  By 334438  A A  Under pensity of perjury, I declare and affirm that I have examined this report, including any accompanying echedules and statements, and that all statements contained herein are true and correct.  Signature of Authorized Person  Dete  Bryan Lebeau	8. RESIDENT AGENT IN RHOD	E ISLAND				<del></del>	
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The Date this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.  Check No Signature of Authorized Person Date  Bryan Lebeau			A H.				
By: Signature of Authorized Person Dete  Bryan Lebeau  Bryan Lebeau		·		this report, including am	accompanying a	chedules and statements,	
FOR SECRETARY OF STATE LISE ONLY	_			Signature of Authorized Pe	rison	(0)1(4)1/L) Dete	
Print or Type Name of Authorized Person				Bryan Lebeau			
<b>*1</b>	FOR SECHETARY OF STATE	USE ONLY		Print or Type Name of Aut	orized Person	100	

Form No. 632 Revised: 01/2012