

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. 95313	2. Exact name of the limited liability company ATLANTIC CIGAR CO. LLC				
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island RETAIL AND WHOLESALE TOBACCO SALES				
5. Principal office address 3 Horn Drive Suite 102			City Folcroft	State PA	Zip 19032
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME Contact Name GREGORY P CIMINO II			OR TITLE OF CONTACT PERSON: Contact Title MEMBER		
Street Address 11 W. 67TH STREET			City NY	State NY	Zip 10023
7. LIST <u>ALI.</u> MANAGERS (NAME ("X" BOX FOR ATTACKMENT)		BES) OF THE LIMITE	LIABILITY COMPAN	Y, IF APPLICABLE - <u>DO I</u>	OT LIST MEMBERS
Menager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
Chy	State	Z!p	City	State	Zip
R. RESIDENT AGENT IN RHODE			·		
This information is currently of r	ecord in the Offic	ce of the Secretary of	State. Changes requ	re filing Form 642.	
	FILED	-		SECRETAL CORPOR 2016 MAY 1	
	MAY 1 0 20				
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File Date			this report, includ	nerjury, i declare and affir ing any accompanying so tents contained herein ar	chedules and statements.
By:FOR SECRETARY OF STATE U			Signature of Author	A #	Date Date

Form No. 632 Revised: 01/2012