



**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>95313</b>		2. Exact name of the limited liability company <b>ATLANTIC CIGAR CO. LLC</b>			
3. State of Formation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>RETAIL AND WHOLESALE TOBACCO SALES</b>			
5. Principal office address <b>3 Horn Drive Suite 102</b>		City <b>Folcroft</b>	State <b>PA</b>	Zip <b>19032</b>	
<b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>					
Contact Name <b>GREGORY P CIMINO II</b>			Contact Title <b>MEMBER</b>		
Street Address <b>11 W. 67TH STREET</b>		City <b>NY</b>	State <b>NY</b>	Zip <b>10023</b>	
<b>7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
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
<b>8. RESIDENT AGENT IN RHODE ISLAND</b>					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED

MAY 10 2016

BY CA 27400/ 4:00

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV  
 2016 MAY 10 PM 3:45

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.

Signature of Authorized Person 3/25/16  
Date

Gregory P. Cimino II  
 Print or Type Name of Authorized Person