

Revised: 01/2012

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2012

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 Bability 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 LINITED 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>ALL</u> MANAGERS (NAME ("X" BOX FOR ATTACHMENT)	S AND ADDRES	SES) OF THE LIMITED	LIABILITY COMP	ANY, IF APPLI	CABLE - DO	NOT LIST MEMBERS
Venager Name			Manager Name			
Street Address			Street Address			
City	State	Zlp	City		State	Zip
Manager Name		<u> </u>	Manager Name			
Street Address			Street Address			
3ty :	State	Zip	City		State	Zip
RESIDENT AGENT IN RHODE		d the Country of			L	
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File Date			this report, incl	uding any acc	ompanying a	rm that I have examined schedules and statement are true and correct.
By:			Signature of Aut	TOFized Person) - (3/2 C//
FOR SECRETARY OF STATE US	BE ONLY		Print or Type Ma	me of Authorize	d Person) #
rm No. 632				,		