



**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 **2011**

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>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
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>	
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"/>					
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
8. RESIDENT AGENT IN RHODE ISLAND					
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 274001 3:58

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 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

Date

Print or Type Name of Authorized Person