

## 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 2009

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		on of the character of bi WHOLESALE TO		hode Island	
5. Principal office address 3 Horn Drive Suite 102			City Folcroft	State PA	Zip 19032
8. 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			Chy NY	State NY	Zip 10023
7. LIST <u>ALL</u> MANAGERS (NAM ("X" BOX FOR ATTACHMEN	MES AND ADORES	SES) OF THE LIMITE	LIABILITY COMPAN	Y, IF APPLICABLE - <u>DO</u>	NOT LIST MEMBERS
Manager Name			Meneger Name		
treet Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
<b>Aty</b>	State	Zip	City	State	Zip
L RESIDENT AGENT IN RHOD					
This Information is currently o	f record in the Off	ce of the Secretary of	State. Changes requi	ire filling Form \$42,	- <del> </del>
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			Under penalty of a	erjury, i declare and aff	irm that I have examined
File Date	<del></del> .		this report, includ	ing any accompanying a sents contained herein a	schedules and statement re true and correct.
Check No					3/20/
By:			Signature of Author	Ized Person	Date

Form No. 632 Revised: 01/2012