



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 **2003**

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.<br><b>95313</b>   |       | 2. Exact name of the limited liability company<br><b>ATLANTIC CIGAR CO. LLC</b>  |                                |                    |                     |
| 3. State of Formation<br><b>RI</b>   |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>RETAIL AND WHOLESALE TOBACCO SALES</b> |                                |                    |                     |
| 5. Principal office address<br><b>3 Horn Drive Suite 102</b>   |       | City<br><b>Folcroft</b>  |                                | State<br><b>PA</b> | Zip<br><b>19032</b> |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:   |       |  |                                |                    |                     |
| Contact Name<br><b>GREGORY P CIMINO II</b>   |       |  | Contact Title<br><b>MEMBER</b> |                    |                     |
| Street Address<br><b>11 W. 67TH STREET</b>   |       | City<br><b>NY</b>  |                                | State<br><b>NY</b> | Zip<br><b>10023</b> |
| 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>("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.  |       |  |                                |                    |                     |

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File Date \_\_\_\_\_

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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

GREGORY P CIMINO II  
Print or Type Name of Authorized Person

Date

3/25/16