

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 · FARLIRE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 95313	2. Exact name o ATLANTIC (f the limited liability cor CIGAR CO. LLC	repany		
			OBACCO SALES	hode Island	
5. Principal office address 3 Horn Drive Suite 102			City Folcroft	State PA	Zip 19032
R. MAILING ADDRESS OF LIMITE Contact Name GREGORY P CIMINO II	D LIABILITY C	OMPANY AND NAME	OR TITLE OF CONTAC Contact Title MEMBER	T PERSON:	
Street Address 11 W. 67TH STREET			City NY	State NY	Zip 10023
. LIST <u>ALL</u> MANAGERS (NAME ("X" BOX FOR ATTACHMENT)	S AND ADDRES	ISES) OF THE LIMITE	D LIABILITY COMPANY	, if applicable - <u>po</u> i	NOT LIST MEMBERS
Manager Name			Manager Name		
Street Address			Street Address		
Aty E	State	Zlp	City	State	Zip
Aknager Name	-		Manager Name		-, -
Street Address			Street Address	·······	
lly 6	Statio	Zip	City	State	Zip 2015
RESIDENT AGENT IN RHODE IS					===========
his information is currently of re	icoru in ing Can	ce of the secretary of	r state. Changes requi	re filing Form 642.	7 (2) ARY 10 (2) ARY
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File Date			this report, including	erjury, I declare and affin ng any secompanying ac ents contained herein are	hedules and statement
Check No			AC.	•	3/2-/16
Ву:			Signature et Authoriz	· +··•-··	Date
FOR SECRETARY OF STATE US	E ONLY		Print or Type Name o	of Authorized Person	

Form No. 632 Revised: 01/2012