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 __1999__

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.	2. Exact name of the limited liability company
95313	**ATLANTIC CIGAR CO. LLC**

3. State of Formation	4. Brief description of the character of business conducted in Rhode Island
RI	**RETAIL AND WHOLESALE TOBACCO SALES**

5. Principal office address	City	State	Zip
25 ATLANTIC STREET	**STAMFORD**	**CONN**	**06901**

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title		
GREGORY P CIMINO II	**MEMBER**		
Street Address	City	State	Zip
11 W. 67TH STREET	**NY**	**NY**	**100__**

7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐

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 1 0 2016

BY _Ch 274001_
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RECEIVED SECRETARY OF STATE CORPORATIONS DIV

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   3/25/16
Date

Gregory P. Cimino II
Print or Type Name of Authorized Person

Form No. 632
Revised: 01/2012