| Sta | ate of Rhode Island and F Office of the Secre | | Fee: \$50.00 |
|---|--|---|-------------------|
| | Division Of Busin | ess Services | |
| 148 W. River Street | | | |
| | Providence RI 02 | | |
| HOPE | (401) 222- | 3040 | |
| Limited Liability Comp | any | | |
| Annual Report | | | |
| Filing Period: September 1 - | November 1 | | |
| | 7-16-66(d), each limited liability co thirty (30) days after the time pre enalty fee of \$25.00. | | |
| ANNUAL REPORT YEAR: | 2016 | | |
| 1. ID No. <u>001337155</u> | | | |
| 2. Exact Name of the Limited Liability Company Vision Cigar & Cigarette Wholesale LLC | | | |
| 3. State of Formation | | | |
| State: <u>MA</u> | | | |
| | ARTICLE II | | |
| | | | |
| Using the following NAICS codes, please select the code that best describes your business. | | | |
| NAICS Code | | 6 42 | |
| 4. Brief Description of the | Character of the Business Wh | ich is Actually Conducted in Rho | ode Island |
| | | | |
| TOBACCO PRODUCTS | | | |
| 5. Principal Office Addres | 5 | | |
| No. and Street: 100 EVE | RETT AVENUE, UNIT 3A | | |
| City or Town: <u>CHELSE</u> | | State: <u>MA</u> Zip: <u>02150</u> Cor | untry: <u>USA</u> |
| 6. Mailing Address of Lim | ited Liability Company and Na | me or Title of Contact Person: | |
| Contact Name: Contact T | tla | | |
| | RETT AVENUE, UNIT 3A | | |
| City or Town: CHELSE | | State: <u>MA</u> Zip: <u>02150</u> Co | untry: <u>USA</u> |
| 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS | | | |
| Title | Individual Name | Address | |
| | First, Middle, Last, Suffix | Address, City or Town, State, Zip C | ode, Country |
| MANAGER | FAIYAZ WASHWELL | 100 EVERETT AVENUE, CHELSEA, MA 02150 US | |
| | | | |

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

REGISTERED AGENT SOLUTIONS, INC. 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK, RI 02888

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 14 Day of September, 2016 at 12:57:40 PM by the authorized person. This

electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By FAIYAZ WASHWELL

Signature of Authorized Person

Form No. 632 Revised 09/07

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