



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017

Corporation

- Filing period: January 1 - March 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 160457		2. Exact name of the Corporation CIGAR MASTERS PROVIDENCE, INC.	
3. Principal Office Address One Exchange Street		City Providence	State RI
		Zip 02903	
4. NAICS Code 44-45 - Retail Trade	6. Brief description of the character of business conducted in Rhode Island Retail sales		
5. State of incorporation RI			
Check the box to indicate an attachment <input type="checkbox"/>			
7. List ALL officers (names and addresses)			
President Name Steven Greenfield		Vice-President Name Brett Greenfield	
Street Address One Exchange Street		Street Address One Exchange Street	
City Providence	State RI	City Providence	State RI
	Zip 02903		Zip 02903
Secretary Name Brett Greenfield		Treasurer Name Steven Greenfield	
Street Address One Exchange Street		Street Address One Exchange Street	
City Providence	State RI	City Providence	State RI
	Zip 02903		Zip 02903
Check the box to indicate an attachment <input type="checkbox"/>			
8. List ALL directors (names and addresses)			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
	Zip		Zip
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
	Zip		Zip
Check the box to indicate an attachment <input type="checkbox"/>			
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES
		3,000	Common
			PAR VALUE
			\$.01
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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.			
Name of Authorized Representative Brett Greenfield		Date 1-12-17	
Signature of Authorized Representative <i>[Signature]</i>			

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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FORM 630 - Revised: 10/2016