



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

Filing Period: September 1 - November 1

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2017

**1. ID No.** 000953518

**2. Exact Name of the Limited Liability Company** INEXVAPORS LLC

**3. State of Formation**

State: RI

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

453998

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

INEX VAPORS LLC, LAUNCHED AROUND THREE YEARS AGO BY A COUPLE OF EX-CIGARETTE SMOKERS, IS A COMPANY THAT CATERS TO PEOPLE WHO WANT TO CONVERT FROM TRADITIONAL ANALOG CIGARETTES TO THE MORE HEALTHY ALTERNATIVE, COMMONLY KNOWN AS THE E-CIGARETTE OR PV (PERSONAL VAPORIZER). CONVENIENTLY LOCATED AT 289 COWESETT AVE., IN WEST WARWICK, RI, RIGHT OFF OF ROUTE 2, INEX VAPORS SELLS A WIDE RANGE OF QUALITY PRODUCTS AT COMPETITIVE PRICES. WE ARE DEDICATED TO HELPING EVERYONE, FROM THE NOVICE USER THAT IS READY TO MAKE THE TRANSITION, TO THE MORE EXPERIENCED HOBBYIST.

**5. Principal Office Address**

No. and Street: 289 COWESETT AVENUE, SUITE 18

City or Town: WEST WARWICK

State: RI Zip: 02893 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: Contact Title:

No. and Street: 289 COWESETT AVENUE, SUITE 18

City or Town: WEST WARWICK

State: RI Zip: 02893 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
MANAGER	JOSHUA K AEO PRAIS	86 PEPIN STREET WEST WARWICK, RI 02893 USA
MANAGER	TIM SIMMONS	86 PEPIN STREET WEST WARWICK , RI 02893 USA

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

UNITED STATES CORPORATION AGENTS, 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 30 Day of October, 2017 at 9:24:19 AM 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 JOSHUA K. PRAIS  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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