



Department of State - Business Services Division

Annual Report for the year: **2018**  
 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 <b>842506</b>		2. Exact name of the Corporation <b>ECIG SHED, INC.</b>			
3. Principal Office Address <b>91 MAPLE AVENUE</b>			City <b>BARRINGTON</b>	State <b>RI</b>	Zip <b>02806</b>
4. NAICS Code <b>44-45 - RETAIL TRADE</b>		6. Brief description of the character of business conducted in Rhode Island <b>ELECTRONIC CIGARETTES</b>			
5. State of Incorporation <b>RHODE ISLAND</b>		<b>454110</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>LOUIS DEL SESTO</b>			Vice-President Name <b>LOUIS DEL SESTO</b>		
Street Address <b>9 SPRING STREET</b>			Street Address <b>9 SPRING STREET</b>		
City <b>RIVERSIDE</b>	State <b>RI</b>	Zip <b>02915</b>	City <b>RIVERSIDE</b>	State <b>RI</b>	Zip <b>02915</b>
Secretary Name <b>LOUIS DEL SESTO</b>			Treasurer Name <b>LOUIS DEL SESTO</b>		
Street Address <b>9 SPRING STREET</b>			Street Address <b>9 SPRING STREET</b>		
City <b>RIVERSIDE</b>	State <b>RI</b>	Zip <b>02915</b>	City <b>RIVERSIDE</b>	State <b>RI</b>	Zip <b>02915</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			100 SHARES		COMMON
					PAR VALUE
					NO PAR VALUE
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. <i>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.</i>					
Name of Authorized Representative <b>LOUIS DEL SESTO</b>				Date <b>JAN -11 -18</b>	
Signature of Authorized Representative <i>Louis Del Sesto</i>					

**FILED**

**MAR 02 2018**

BY 3223 DS