Annual Report for the year: 2017  Limited Liability Company  → Filing period: September 1 - November 1  → Filing Fee: \$50.00  → Penalty: Additional \$25.00 fee if form is not filed by December 1.  1. Entity ID Number  001056051  SPLASH ECIG AND VAPOR EMPORIUM LLC  3. NAICS Code 4. Brief description of the character of business conducted in Rhode Istand SALES OF ECIGS, EJUICE AND ECIG ACCESSORIES IN RHODE ISLAND  5. State of Formation RHODE ISLAND  6. Principal Office Address 390 WEST MAIN ROAD 1ST FLOOR SOUTH  7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  Contact Name ALICIA ANTHONY  Street Address 54 JAMES FRANCIS TERR  2017  City MIDDLETOWN  State RI  Zo 02842	0 - 1
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<u>i</u>	
G List At 1 manager (manager) and address of the At 1 to At 1	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS	S <sub>W</sub>
Manager Name Manager Name	2000 N
Street Address Street Address	AR AR
City State Zip City State Zip State Zip	
Manager Name Manager Name	
Street Address Street Address	<u>"</u> —
City State Zip City State Zip	
Check the box to indicate an atta	chment 🔲
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State, Changes require filing Form 642.	
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules a statements, and that all statements contained herein are true and correct.	ind
Name of Authorized Person ALICIA ANTHONY	
Signature of Authorized Person SIGN DOCUMENT HERE	_
Jun Chi	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Phone: (401) 222-3040 Website: www.sos.ri.gov **FILED** 

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FORM 632 - Revised: 10/2017