



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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.

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1. Entity ID Number 001056051		2. Exact name of the Limited Liability Company SPLASH ECIG AND VAPOR EMPORIUM LLC	
3. NAICS Code 453991		4. Brief description of the character of business conducted in Rhode Island 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		City MIDDLETOWN	State RI
		Zip 02842	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name ALICIA ANTHONY		Contact Title OWNER	
Street Address 54 JAMES FRANCIS TERR		City MIDDLETOWN	State RI
		Zip 02842	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
Check the box to indicate an attachment <input type="checkbox"/>			
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 and statements, and that all statements contained herein are true and correct.			
Name of Authorized Person ALICIA ANTHONY		Date 8/21/18	
Signature of Authorized Person 		SIGN DOCUMENT HERE	

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MAIL TO:

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

FILED

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BY
A.A. 12:43pm

FORM 632 - Revised: 10/2017