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SEP 1 0 2018 .	
RV 51795	

Annual Report for the year: 2018
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	2 Exact name	of the Limited I	iability Company			
001667684	2 Exact name of the Limited Liability Company Xcaliber International, Ltd., L.L.C.					
3 NAICS Code	Brief description of the character of business conducted in Rhode Island					
312230	Xcaliber manufactures cigarettes and other tobacco products for sale to licensed wholesalers					
5. State of Formation	and distributors.					
Oklahoma						
6 Principal Office Address		<u> </u>	City	State	Zip	
One Tobacco Road			Pryor	ок	74361	
7 Mailing Address of Limited Lia	bility Company a	ind Name or Ti	tle of Contact Person			
Contact Name Meghan Joiner			Contact Title Associate General Counsel			
Street Address One Tobacco Road			City Pryor	State OK	^{Zip} 74361	
8 List ALL managers (names a	nd addresses) of	the Limited Lia			MEMBERS	
Manager Name Lee I. Levinson			Manager Name Bruce M. Taylor			
Street Address 6911 S Gary Avenue			Street Address 6 Lagomar Road			
City Tulsa	State OK	^{Zip} 74136	City Palm Beach	State FL	^{Zip} 33480	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
	Check the box to indicate an attachment					
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 dec statements, and that all staten	lare and affirm t nents contained	hat I have exa herein are tru	mined this report, including e and correct.	any accompanying	schedules and	
Name of Authorized Person Date						
Meghan Joiner 09 04 18						
Signature of Authorized Person	(Jone	SIGN D	OCUMENT HERE	-		
1	1)	<u> </u>				

MAIL TO:

Division of Business Services

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

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