

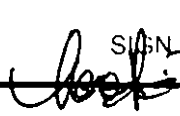


State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**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.

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|                                                                                                                                                                                                             |       |                                                                                                 |                                 |                         |                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------------------------------------------------------------------------------------------|---------------------------------|-------------------------|---------------------|
| 1. Entity ID Number<br><b>882634</b>                                                                                                                                                                        |       | 2. Exact name of the Limited Liability Company<br><b>Mundo de Cigar, LLC</b>                    |                                 |                         |                     |
| 3. NAICS Code<br><b>812990</b>                                                                                                                                                                              |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Cigar Bar</b> |                                 |                         |                     |
| 5. State of Formation<br><b>Rhode Island</b>                                                                                                                                                                |       |                                                                                                 |                                 |                         |                     |
| 6. Principal Office Address<br><b>1622 Mineral Spring Avenue</b>                                                                                                                                            |       |                                                                                                 | City<br><b>North Providence</b> | State<br><b>RI</b>      | Zip<br><b>02920</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |       |                                                                                                 |                                 |                         |                     |
| Contact Name<br><b>Rosadina Leonor Acosta Abbott</b>                                                                                                                                                        |       |                                                                                                 | Contact Title<br><b>Member</b>  |                         |                     |
| Street Address<br><b>121 Macklin Street</b>                                                                                                                                                                 |       |                                                                                                 | City<br><b>Cranston</b>         | State<br><b>RI</b>      | Zip<br><b>02920</b> |
| 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                            | State                   | Zip                 |
| Manager Name                                                                                                                                                                                                |       |                                                                                                 | Manager Name                    |                         |                     |
| Street Address                                                                                                                                                                                              |       |                                                                                                 | Street Address                  |                         |                     |
| City                                                                                                                                                                                                        | State | Zip                                                                                             | City                            | State                   | Zip                 |
| 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.                                                                   |       |                                                                                                 |                                 |                         |                     |
| <b>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.</b> |       |                                                                                                 |                                 |                         |                     |
| Name of Authorized Person<br><b>Rosadina Leonor Acosta Abbott, Member</b>                                                                                                                                   |       |                                                                                                 |                                 | Date<br><b>10/15/18</b> |                     |
| Signature of Authorized Person<br>                                                                                       |       |                                                                                                 |                                 |                         |                     |

SIGN DOCUMENT HERE

**FILED**

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

OCT 31 2018  
 BY **R9ZAT**  
**A.A.**