

# STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

Matthew A. Brown, Secretary of State

| JWILLED LIANILITY COMPANY ANNUAL REFURITOR FUR THE LEAR 2000 | IMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR | 2005 |
|--|---|------|
|--|---|------|

Filing Fee: \$50.00 Filing Period: September 1 - November 1 (FORM MUST BE TYPED OR PRINTED IN BIACK) 2. Exact name of the limited liability company I ID No. 90938 Regency Cigar Emporium, LLC 4. Brief description of the character of the business which is actually conducted in Rhode Island 3. State of Formation SALE OF SMOKING PRODUCTS **RHODE ISLAND** 5. Principal office address City 02818 RI East Greenwich 752 Main Street 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Tule Michael Correia Manager City State Street Address 02721 Fall River MA 475 Coggeshall Street 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52 Manager Name Manager Name n/a Michael Correla Street Address Street Address 475 Coggeshall Street Zip City City State 02721 Fall River MA Manager Name Manager Name n/a n/a Street Address Street Address Ζψ Zip City State City State 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Address Agent Name PETER P. D'AMICO. ESQ. 21p City Address **194 WATERMAN STREET** PROVIDENCE 02906

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

| File Date | 10/13/05 .00938.               |
|-----------|--------------------------------|
| Check No. | 1777                           |
| By:       | CXC                            |
| •         | OR SECRETARY OF STATE USE ONLY |

| Under penalty of perjury, I declare and affirm that I have examined this repincluding any accompanying scriedules and statements, and that all statements | ori<br>nts |
|---|------------|
| contained herein are true and correct.  |            |
|   |            |
| Testant 10-3-05   |            |
| Signuture of Authorized Person Date   |            |
| - Michael Corria  |            |
| Print or Type Name of Authorized Person   |            |
| - Nichael Coccia  |            |



Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RJ 02903-1335
401.222.3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

| Filing Period: Sept                        | ember 1 - November   | l 🍎 Filing Fee: \$5  | 50.00   |                        |                |  |  |
|--|--|--|---|------------------------|----------------|--|--|
| (FORM MUST BE TYP                          | PED OR PRINTED IN BL   | (CK)   |   |                        |                |  |  |
| 1. ID No.<br>90938                         |  | ct name of the limited liability company Charles Cigar Emporium, LLC |   |                        |                |  |  |
| 3. State of Formation                      |  |  | e business which is actually conducted in       | Rhode Island           | <del>-</del> - |  |  |
| RHODE ISLAND                               | SALE OF S  | MOKING PRODUCTS  |   |                        |                |  |  |
| 5. Principal office addition 752 MAIN STRE |  |  | City<br>EAST GREENWICH                          | State<br>R I           | Zip<br>02818-  |  |  |
| 6. MAILING ADD                             | RESS OF LIMITED  | LIABILITY COMP   | ANY AND NAME OR TITLE O                         | F CONTACT PE           | RSON:          |  |  |
| MICHAEL CORF                               |  |  | Contact Title MANAGER                           |                        |                |  |  |
| Street Address                             | <u>,                                      </u>   |  | City  | State                  | Zip            |  |  |
| 752 MAIN STRE                              | ET   |  | .E. GREENWICH                                   | RI                     | 02818          |  |  |
| Manager Name                               | ANY MODIFICATIONS  | TO MANAGERS REQ  | UIRES FILING OF AMENDMENT. R.I.  • Manager Name | .G.L 7-16-12 (a) (2) / | 7-16-52        |  |  |
| Manager Name                               | THE INCOME TO A TO   | TO MANAGENS NEG  |   | .G.L /-16-12 (8) (2) / | 7-16-52        |  |  |
| MICHAEL CORRE                              | IR   |  | N/A   |                        |                |  |  |
| Street Address                             |  |  | · Street Address                                |                        |                |  |  |
| 475 COGGESHAL                              | L STREET   |  | •   |                        |                |  |  |
| City<br>FALL RIVER                         | State<br>MA  | Zip<br>02721   | City  | State                  | Zip            |  |  |
| Manager Name<br>N/A                        | •  | • • • • • • • • • • •  | Manager Name<br>N/A                             |                        |                |  |  |
| Street Address                             |  | <del></del>  | Street Address                                  | <u>_</u>               |                |  |  |
| City                                       | State  | Zip  | City  | State                  | Zip            |  |  |
| 8. RESIDENT AGE                            | NT IN RHODE ISLAN  | D.DO NOT ALTER. C  | hanges require filing of For                    | m 643                  | 14 11          |  |  |
| Agent Name                                 | The contract of the contract o | - Jane Meren O   | Address   | 111 942 - K.I.V.J., /- | -10-11         |  |  |
| PETER P. D'AMI                             | CO, ESQ.   |  | 194 WATERMAN STR                                | REET                   |                |  |  |
| Address                                    |  |  | City  | Zip                    |                |  |  |
|  |  |  | PROVIDENCE                                      | °<br>02906-            |                |  |  |
|  |  | ····   |   |                        |                |  |  |

This report must be signed in ink by an authorized person pursuant to 7-16-66.



| *90938 DL                       | LC 01      | /06/0      | 5 10:28:00 AM* |  |
|---------------------------------|------------|------------|----------------|--|
| File Dose                       |            | Ш          | 0.5            |  |
| Check No.                       |            | <u>`91</u> | 84             |  |
| В <u>у:</u>                     | <u>,</u> . |            | <u> </u>       |  |
| FOR SECRETARY OF STATE USE ONLY |            |            |                |  |

| 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.      |
| Mafred Comme 12/15/04   |
| Signature of Authorized Person Date                                 |
|   |



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, R1 02903-1335 401-222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003 Filing Period: September 1 - November 1 • Filing Fee: \$50.00

| . ID No.   |   | NINTED IN BLACK                       | <u> </u>                                |   |                                 |  |                            |
|--|---|---------------------------------------|---|---|---------------------------------|--|----------------------------|
| 90938  | 2. Exact  | nume of the limited<br>ncy Cigar Empe | <i>d liabilry company</i><br>Orium, LLC |   |                                 |  |                            |
| State of Formation   |   | 4. Brief description                  | of the character of the l               | husiness which is octually conducted in R                         | thode Island                    |  |                            |
| RHODE ISLAM  | ס   | Balle of Emol                         | KING PRODUCTS                           | •   |                                 |  |                            |
| Principal office oil   |   | <u> </u>                              |   | City  | State                           | _  | Zip                        |
| 52 Main Str  |   |                                       |   | EAST GREENWICH  | RI                              |  | 02818                      |
| eloci Name   |   |                                       | AND SY BOARS                            |   |                                 |  |                            |
| ichael cork  | REIA  |                                       |   | Contact Title  MANAGING AGENT                                     |                                 |  |                            |
| reer Address   |   |                                       |   | City  | State                           |  | Zip                        |
| 5 COGGESHA   | LL STRE   | ET                                    |   | FALL RIVER  | MA                              |  | 02721                      |
|  |   |                                       | in Age countries                        |   |                                 |  |                            |
|  |   |                                       |   | ann an fearl a sheacht an tait.<br>Tait anns an Sal Tait Eir Fair | et X de la 19<br>November 1     |  |                            |
| nager Name   |   |                                       | man is Variable of the state of         | · Manager Name  |                                 |  |                            |
| CHAEL CORF.  | BIA   |                                       |   | •   |                                 |  |                            |
| met Address  |   |                                       | ·                                       | · Sirret Address  |                                 |  |                            |
| 75 COGGESHA:   | L STRE  | State                                 | Zip                                     | *City   | Chair                           |  | I a :-                     |
| ALL RIVER  |   | MA                                    | 02721                                   | Luy   | State                           |  | Zip                        |
| mager Name   | • • • • •                                       |                                       | •                                       | Manager Name  |                                 |  | 1                          |
| art Address  |   |                                       |   |   |                                 |  |                            |
|  |   |                                       |   | Street Address  |                                 |  |                            |
| ·  |   | Siale                                 | Zlp                                     | City  | State                           |  | Zφ                         |
| of a lively actival  |   | + 11 but + 4 but 1                    |   | •   |                                 |  |                            |
|  | 1. T. S. C. | <b>是是农民公司</b>                         |   | of the following the state of                                     |                                 | $(u_{i_1},,v_{i_n})$                         |                            |
| nt Name  |   |                                       |   | I A/Mores   |                                 |  |                            |
| ent Name   | I'CO, ESC                                       | <b>2</b> .                            |   | Address 194 WATERMAN STRE   | ET                              |  |                            |
| ent Name<br>ETER P. D'AM                                       | I'CO, ESC                                       | 2.                                    | -                                       | 194 WATERMAN STRE   | ET                              | \Zip   |                            |
| <i>™ Name</i><br>ETER P. D'AM                                  | I'CO, ESC                                       | Ω.                                    |   | 194 WATERMAN STRE   | ET                              | <i>Lip</i><br>02906                          |                            |
| ent Name<br>PETER P. D'AM<br>Uress                             |   |                                       | uhorized person pi                      | 194 WATERMAN STRE   | ET                              |  |                            |
| PETER P. D'AM  |   | in ink by an o                        | uhorized person p                       | 194 WATERMAN STRE   | , I doclare and                 | 02906  | lave examined              |
| ent Name PETER P. D'AM Idreux Ils report must b                | signed  | in ink by an ou                       | uhorized person pi                      | 194 WATERMAN STRE   | , I doclare and a               | affirm that I ?                              | nd statements.             |
| ETER P. D'AM dreus  Is report must be                          | signed  | in ink by an ou                       | uhorized person p                       | 194 WATERMAN STRE   | , I doclare and a               | affirm that I ?                              | nd statements.             |
| et Name ETER P. D'AM dreu  is report must b                    | signed  | in ink by an ou                       | uhorized person p                       | 194 WATERMAN STRE   | , I doclare and a               | affirm that I ?                              | nd statements,<br>correct. |
| ETER P. D'AM these  Is report must be                          | signed  | in ink by an ou                       | uhorized person p                       | 194 WATERMAN STRE   | , I doclare and a secondary ing | affirm that I ?                              | nd statements.             |
| S report must be to both 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 | signed  | in ink by an ou                       | athorized person p                      | 194 WATERMAN STRE   | , I doclare and a secondary ing | affirm that I has schedules and are true and | nd statements,<br>correct. |



Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 2. Exact name of the limited liabilty company I. ID No. 90938 Regency Cigar Emporium, LLC 4. Brief description of the character of the business which is actually conducted in Rhode Island 3. State of Formation **SALE OF SMOKING PRODUCTS RHODE ISLAND** 5. Principal office address State City 566 Follgate Road 02886 Warwick Rhode\_Island 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON. Contact Title Contact Name Peter A. Koch Manager Street Address City 566 Tollgate Road Warwick Rhode Island 02886 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE ("X" BOX FOR ATTACHMENT. FILL IN SPACES BEFORE USING ATTACHMENTS ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52 Manager Name : Manager Name Peter A. Koch Street Address \* Street Address 566 Tollgate Road City State Zip State City Warwick Rhode Island 02886 Manager Name Manager Name Street Address Street Address Zip City State City State Zio 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11 Agent Name Address SCOTT T. SPEAR, ESQ. Zip Address City

PROVIDENCE

This report must be signed in ink by an authorized person pursuant to 7-16-66.



| File Date     | 9/18/2002         |
|---------------|-------------------|
| Check No.     | 2840              |
| В <u>у:</u>   | Of 3              |
| FOR SECRETARY | OF STATE USE ONLY |

**30 EXCHANGE TERRACE** 

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.

Signature of Authorized Person

Date

02903

Peter A. Koch, Manager

Print or Type Name of Authorized Person

Filing Fee: \$50.00

## To be filed annually between September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

#### 4

#### LIMITED LIABILITY COMPANY

| ID   | Number DLLC 90938                                   | Annual Report for the year 2001   |  |  |  |  |
|--|---|---|--|--|--|--|
| 1.   | The name of the limited liability compa             | I liability company is:   |  |  |  |  |
|  | Regency Cigar Emporium, LLC                         |   |  |  |  |  |
| 2.   | The address of the principal office of the          | he limited liability company is:  |  |  |  |  |
|  | 566 Tollgate Road, Warwick,                         | Rhode Island 02886  |  |  |  |  |
| 3.   | The state or other jurisdiction under th            | e laws of which it is formed is RHODE ISLAND  |  |  |  |  |
| 4. The name and address of its resident agent is: SCOTT T. SPEAR, ESQ. BLISH & CAVANACH, LLP |   |   |  |  |  |  |
|  | 30 EXCHANGE TERRACE PROVIDE                         |   |  |  |  |  |
| 5.   | The current mailing address of the lim              | ited liability company and the name or title of a person to whom communications  Road, Warwick, Rhode Island 02886  |  |  |  |  |
|  | Peter A. Koch                                       |   |  |  |  |  |
| <ul><li>6.</li><li>7.</li></ul>  | state: sale of smoking produc                       | the business in which the limited liability company is actually engaged in this ets.  nagers, the name and address of each manager of the limited liability company Address   |  |  |  |  |
|  | Peter A. Koch                                       | 566 Tollgate Road, Warwick, Rhode Island 02886  |  |  |  |  |
| File   | FOR SECRETARY OF STATE DIVINITY Date:  SEP 1 2 2001 | 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.  Regency Cigar Emporium, LIC  Exalt Name of Limited Liability Company  By  Company |  |  |  |  |
| By   | By 5 5 86   | Title Form No. 632 Revised 01/99  |  |  |  |  |

DETACH BOTTOM BEFORE RETURNING



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

| ID       | Number                | DLLC 90938  | Annual Report for the year 2000   |
|----------|-----------------------|---|---|
| 1.       | The nam               | e of the limited liability company                            | is:   |
|          | Regency               | Cigar Emporium, LLC   |   |
| 2.       | The acid              | ress of the principal office of the l                         | imited liability company is:  |
|          | 566 T                 | ollgate Road, Warwick, Ri                                     | node Island 02886   |
| 3.       | The stat              | e or other jurisdiction under the la                          | ws of which it is formed is RHODE ISLAND  |
| 4.       | entis: SCOTT T. SPEAR |   |   |
|          | 30 E X C              | HANGE TERRACE PROVIDENC                                       | CE RI 02903   |
| 5.       | The cur               | ent mailing address of the limited                            | I liability company and the name or title of a person to whom communications  |
|          | may be                | directed are: <u>566 Tollgate</u>                             | Road, Warwick, Rhode Island 02886   |
|          | Peter                 | A. Koch   |   |
| 6.<br>7. | state:_               | sale of smoking product                                       | business in which the limited liability company is actually engaged in this  S.  Jers, the name and address of each manager of the limited liability company  Address   |
|          | Peter                 | A. Koch   | 566 Tollgate Road, Warwick, Rhode Island 02886  |
| Fil      | FOR SECR<br>e Date:   | October 2-7 2000 9 0 9 3 8  ETARY TARE TO ONLY  OCT 2 \$ 2000 | 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.  Regency Cigar Emporium, ILC  Exect Name of Limited Liability Company  By  Title |
| D.       |                       | By (2)72  | 7 1/188 Form No. 632 Revised 01/99  |

## To be filed annually between September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

|            | <del>-</del> ·                                 |  |
|------------|--|--|
| ID         | Number <u>LL 90938</u>                         | Annual Report for the year 1999  |
| 1.         | The name of the limited liability company      | ris:   |
|            | Regency Cigar Emporium, LLC                    |  |
| 2.         | The address of the principal office of the     | limited liability company is:  |
|            | 566 Tollgate Road, Warw                        | ck, Rhode Island 02886   |
| 3.         | The state or other jurisdiction under the      | aws of which it is formed is RHODE ISLAND  |
| 4.         | ent is: SCOTT T. SPEAR                         |  |
|            | 30 EXCHANGE TERRACE PROVIDEN                   | NCE, RI 02903  |
| 5.         | The current mailing address of the limite      | d liability company and the name or title of a person to whom communication  |
|            | may be directed are: 566 Tollga                | ite Röad, Warwick, Rhode Island 02886;   |
| 6.         | state: sale of smoking pro                     |  |
| 7.         | If the limited liability company has mana Name | gers, the name and address of each manager of the limited liability compan<br>Address  |
|            | Peter A. Koch                                  | 566 Tollgate Road, Wawick, Rhode Island 0288   |
|            | FOR SECRETARY OF STATE USE ONLY                | Under penalty of perjury, I declare and affirm that I have examined to report, including any accompanying schedules and statements, at that all statements contained herein are true and correct.  Regency Cigar Emporium LLC  Exact Name of Limited Liability Company  By |
|            |  | - Jail   |
| one<br>By: | sck No. SEP 0 9 1999                           | Title Form No. 632 Revised 01/99   |

Filing Fee: \$50.00



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State **Corporations Division** 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

| ID   | Number <u>L</u>  | L 90938                        |  | Annual Report for the year 1998   |
|------|------------------|--------------------------------|--|---|
| 1.   | The name         | of the limited                 | d liability company is:                |   |
|      | Regency (        | Cigar Empori                   | um, LLC                                |   |
| 2.   | The addre        | ss of the prin                 | cipal office of the limit              | ted liability company is:   |
|      | <u>566 To</u>    | ollgate                        | Road, Warwick,                         | Rhode Island 02886  |
| 3.   | The state        | or other juris                 | diction under the laws                 | of which it is formed is RHODE ISLAND   |
| 4.   | The name         | and address                    | of its resident agent                  | is: GARXXERSERXX SCOTT T. SPEAR   |
|      | CONTRIONS        | ok angra s                     | KLAKREX RRQX KDENK)                    | EXXIX 22903 30 EXCHANGE TERRACE, PROVIDENCE RIO2903   |
| 5.   | The curre        | ent mailing                    | address of the limit                   | ed liability company and the name or title of a person to whom  |
|      | communic         | ations may b                   | e directed are: <u>PE</u>              | TER A. KOCH. MANAGER, 566 TOLLGATE ROAD   |
|      | WARWIC           | CK, RHOD                       | E ISLAND 02886                         | <u> </u>  |
| 6.   | A brief sta      | atement of th                  | ne character of the bu                 | usiness in which the limited liability company is actually engaged in this  |
|      | state:           | SALE OF                        | SMOKING PRODU                          | JCTS  |
| 7.   | If the limit     | ed liability co<br><i>Name</i> | mpany has managers                     | the name and address of each manager of the limited liability company  Address  |
|      | PETER            | A. KOCH                        |  | 566 TOLLGATE ROAD, WARWICK, RHODE ISLAND 02886  |
|      |                  | <del> </del>                   | <del></del>                            |   |
|      |                  | . <u> </u>                     | <u> </u>                               |   |
| Da   | ited <u>C</u>    | DCT. 3                         | <b>9</b> , 19 <b>98</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.  |
|      | * 9              |                                | <b>  </b>                              | REGENCY CIGAR EMPOSIUM LLC  |
| File | FOR SECRET.      | ARY OF STATE                   |  | Exact Name of Limited Liability Company   |
|      |                  | LEU                            | 99. HIST S 47                          | By the a Kel  |
|      | ck Nomay<br>Octi | <b>2 4 1</b> 999<br>FW 3       | 717 71 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 35 NEMBER DULY AUTHORIZED   |
| By:  | By               | 211232                         | SECENED =                              | Title Form No. LLC-19   |



Revised 8/97

### STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

| LIMITED LIABILITY COMPANY |   |   |                     |
|---------------------------|---|---|---------------------|
| ID                        | Number 0090938  | Annual Report for the year  | 1997                |
| 1.                        | The name of the limited liability company   | is:   |                     |
|                           | Regency Cigar Emporium, L   | LC  | <del></del>         |
| 2.                        | The address of the principal office of the limited liability company is:  566 Tollgate Road, Warwick, RI 02886  |   |                     |
| 3.                        | The state or other jurisdiction under the laws of which it is formed is: Rhode Island   |   |                     |
| 4.                        | The name and address of its resident agent is: Gary Yesser, One Providence Washington Plaza, Providence, RI 02903   |   |                     |
| 5.                        |   | nited liability company and the name or title of a p  | person to whom      |
|                           | communications may be directed are:   | 566 Tollgate Road, Warwick, RI 02886  |                     |
|                           | Peter A. Koch   |   |                     |
| 6.                        | A brief statement of the character of the business in which the limited liability company is actually engaged in this state:  Design and conduct communications seminars. |   |                     |
| 7.                        | If the limited liability company has man company  | agers, the name and address of each manager of th   | e limited liability |
|                           | Name  | Address   |                     |
|                           | Peter A. Koch   | 566 Tollgate Road, Warwick, RI 02886  |                     |
|                           |   | · .   |                     |
| Da                        | ted 10/9 , 19 <u>97</u>   | Under penalty of perjury, I declare and affirm that I ha report, including any accompanying schedules and that all statements contained herein are true and correct | statements, and     |
|                           | FILED  NON O A 1491   | Regency Cigar Emporium, LLC  Exact Name of Limited Liability Company  |                     |
|                           | Mesq way  | Peter A. Koch  Manager  | <del></del>         |
| For                       | m No. LLC-19  | • Title   | <del></del>         |