



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

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

2005

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 81249		2. Exact name of the limited liability company Central Cigarette Distributors, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island PURCHASE, SALE, DISTRIBUTING OR OTHERWISE DEALING IN OR WITH TOBACCO.	
5. Principal office address 1060 Broad street		City Central Falls	State RI
		Zip 02863	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Vincent W. Bilotti		Contact Title Member	
Street Address Same as above		City	State
		Zip	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name Vincent W. Bilotti		Manager Name Cynthia L. Murphy	
Street Address 1060 Broad street		Street Address 1060 Broad street	
City Central Falls	State RI	City Central Falls	State RI
Zip 02863		Zip 02863	
Manager Name Christopher V. Bilotti		Manager Name	
Street Address 1060 Broad street		Street Address	
City Central Falls	State RI	City	State
Zip 02863		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name VINCENT W. BILOTTI		Address	
Address 1060 BROAD STREET		City CENTRAL FALLS	Zip 02863

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



File Date	10/14/05	*81249*
Check No.	403	
By:		
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.

10/13/05
Signature of Authorized Person Date
VINCENT BILOTTI
Print or Type Name of Authorized Person



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 81249		2. Exact name of the limited liability company Central Cigarette Distributors, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island PURCHASE, SALE, DISTRIBUTING OR OTHERWISE DEALING IN OR WITH TOBACCO.	
5. Principal office address 1060 Broad street		City Central Falls	State RI
		Zip 02863	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Vincent W. Bilotti		Contact Title Member	
Street Address Same as above.		City	State
			Zip
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name Vincent W. Bilotti		Manager Name Cynthia L. Murphy	
Street Address 1060 Broad street		Street Address 1060 Broad street	
City Central Falls	State RI	City Central Falls	State RI
Zip 02863		Zip 02863	
Manager Name Christopher V. Bilotti		Manager Name	
Street Address 1060 Broad street		Street Address	
City Central Falls	State RI	City	State
Zip 02863		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name VINCENT W. BILOTTI		Address	
Address 1060 BROAD STREET		City CENTRAL FALLS	Zip 02863

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



* 8 1 2 4 9 *

File Date	9/28/04
Check No.	399
By:	DA
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.

Vincent W. Bilotti 9/28/04
Signature of Authorized Person Date

Vincent W. Bilotti
Print or Type Name of Authorized Person



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401 222 3640

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No 81249		2. Exact name of the limited liability company Central Cigarette Distributors, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island PURCHASE, SALE, DISTRIBUTING OR OTHERWISE DEALING IN OR WITH TOBACCO.	
5. Principal office address 1060 Broad Street		City Central Falls	State RI
		Zip 02863	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Vincent W. Bilotti		Contact Title Member	
Street Address SAME		City	State
		Zip	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name Vincent W Bilotti		Manager Name Cynthia L Murphy	
Street Address 1060 Broad Street		Street Address 1060 Broad Street	
City Central Falls	State RI	City Central Falls	State RI
Zip 02863		Zip 02863	
Manager Name Christopher V. Bilotti		Manager Name	
Street Address 1060 Broad Street		Street Address	
City Central Falls	State RI	City	State
Zip 02863		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name VINCENT W. BILOTTI		Address	
Address 1060 BROAD STREET		City CENTRAL FALLS	Zip 02863

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



* 8 1 2 4 9 *

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.

File Date **10/23/03**

Check No. **396**

By **[Signature]**

FOR SECRETARY OF STATE USE ONLY

[Signature] **9/6/03**
Signature of Authorized Person Date
Christopher Bilotti, member
Print or Type Name of Authorized Person



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

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)

1. ID No. 81249		2. Exact name of the limited liability company Central Cigarette Distributors, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island PURCHASE, SALE, DISTRIBUTING OR OTHERWISE DEALING IN OR WITH TOBACCO.	
5. Principal office address 1060 Broad Street		City Central Falls	State RI
		Zip 02863	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Vincent Bilotti		Contact Title President	
Street Address 1060 Broad Street		City Central Falls	State RI
		Zip 02863	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name Vincent W. Bilotti		Manager Name Cynthia L. Murphy	
Street Address 1060 Broad Street		Street Address 1060 Broad Street	
City Central Falls	State RI	City Central Falls	State RI
Zip 02863		Zip 02863	
Manager Name Christopher V. Bilotti		Manager Name	
Street Address 3 Woodside Drive		Street Address	
City North Providence	State RI	City	State
Zip 02904		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER. Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name VINCENT W. BILOTTI		Address	
Address 1060 BROAD STREET		City CENTRAL FALLS	Zip 02863

FILED

NOV 12 2002

By

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



* 8 1 2 4 9 *

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.

70. HD 6E E 71 AD

Christopher V. Bilotti
Signature of Authorized Person

9/9/02
Date

3141: 03 03

CHRISTOPHER V. BILOTTI, PARTNER
Print or Type Name of Authorized Person

File Date **11-12-02**
Check No. **387**
By **AMF**
FOR SECRETARY OF STATE USE ONLY

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

LIMITED LIABILITY COMPANY

ID Number DLIC 81249

Annual Report for the year 2001

1. The name of the limited liability company is:

Central Cigarette Distributors, LLC

2. The address of the principal office of the limited liability company is:

1060 Broad Street Central Falls RI 02863

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: VINCENT W. BILOTTI

1060 BROAD STREET CENTRAL FALLS RI 02863

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Vincent W. Bilotti - 1060 Broad

Street, Central Falls, RI 02863

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Tobacco Products Distributor

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Fred Matula

123 New Jersey Ave, Somerset
MA 02726

Dated October 28th 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.

Central Cigarette Distributors, LLC
Exact Name of Limited Liability Company

By

Vincent W. Bilotti

President

Title

Form No. 632
Revised 01/99

FOR SECRETARY OF STATE USE ONLY

File Date: 10-31-01

Check No.: 2417

By: 22

DETACH BOTTOM BEFORE RETURNING

Please detach and mail the above section including payment in the amount of \$50.00 made payable to Secretary of State. If the resident agent indicated below has changed, Form 642 must be filed in this office. Forms may be



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 81249

Annual Report for the year 2000

1. The name of the limited liability company is:

Central Cigarette Distributors LLC

2. The address of the principal office of the limited liability company is:

1060 Broad St Central Falls RI 02863

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: Vincent W. Bilotti

1060 Broad Street, Central Falls RI 02863

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: 1060 Broad St. Central Falls,

RI 02863 / Vincent W. Bilotti

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Tobacco Products Distributor

7. If the limited liability company has managers, list the name and address of each manager:

Name

Address

Fred Matula

123 New Jersey Ave Somerset MA 02726

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.

Date: February 20th, 2001 Central Cigarette Distributors LLC
Exact Name of Limited Liability Company

FILED

FEB 23 2001

By UV 25161

By

Vincent W. Bilotti

President

Title



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 81249

Annual Report for the year 1999

1. The name of the limited liability company is:

Central Cigarette Distributors LLC

2. The address of the principal office of the limited liability company is:

1060 Broad St Central Falls RI 02863

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: Vincent W. Bilotti

1060 Broad Street, Central Falls, RI 02863

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: 1060 Broad St Central Falls,

RI 02863 / Vincent W. Bilotti

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Tobacco Products Distributor

7. If the limited liability company has managers, list the name and address of each manager:

Name

Address

Fred Matula 123 New Jersey Ave Somerset MA 02726

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.

Date: February 20th, 2001 Central Cigarette Distributors LLC
Exact Name of Limited Liability Company

FILED

FEB 23 2001

By KLB 2591161

By Vincent W. Bilotti
President
Title



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 81249

Annual Report for the year 1998

1. The name of the limited liability company is:

Central Cigarette Distributors LLC

2. The address of the principal office of the limited liability company is:

1060 Broad St Central Falls RI 02863

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: Vincent W. Bilotti

1060 Broad Street, Central Falls RI 02863

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: 1060 Broad St Central Falls,

RI 02863 / Vincent W. Bilotti

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Tobacco Products Distributor

7. If the limited liability company has managers, list the name and address of each manager:

Name

Address

Fred Matula 123 New Jersey Ave Somerset MA
02796

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.

Date: February 20th, 2001 Central Cigarette Distributors LLC
Exact Name of Limited Liability Company

FILED

FEB 23 2001

By KD 259/101

By

Vincent W. Bilotti

President

Title

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

LIMITED LIABILITY COMPANY

ID Number 0081249

Annual Report for the year 1997

1. The name of the limited liability company is:

Central Cigarette Distributors, LLC

2. The address of the principal office of the limited liability company is:

1060 Broad Street, Central Falls, RI 02863

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: Robert J. Soboda, Esq., 735 Smith Street,
Providence, RI 02908

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: 1060 Broad Street, Central Falls, RI 02863

Attention: Vincent W. Bilotti, President

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Purchase, sale, distribution or otherwise dealing in or with tobacco products.

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

None

RECEIVED
OFFICE OF THE SECRETARY OF STATE
CORPORATIONS DIV.
JAN 15 2 57 PM '98
FILED
JAN 15 1998

By CC 312

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.

Central Cigarette Distributors, LLC

Exact Name of Limited Liability Company

By Fred Matulek

Vice President

Title

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
Corporation Division
100 North Main Street
Providence, RI 02903-1335

LIMITED LIABILITY COMPANY

LLC I.D.# 81249

Annual Report for the year 1996

FIRST: The name of the limited liability company is: **Central Cigarette Distributors, LLC**

SECOND: The address of the principal office of the limited liability company is:

1060 Broad Street, Central Falls, R.I. 02863

THIRD: The state or other jurisdiction under the laws of which it is formed is: **Rhode Island**

FOURTH: The name and address of its resident agent is:

Robert J. Soboda, Esq., 51 Clay Street, Central Falls, R.I. 02863

FIFTH: The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are:

1060 Broad Street, Central Falls, R.I. 02863

Attention: President

SIXTH: A brief statement of the character of the business in which the corporation is actually engaged in this state:

Purchase, sale, distribution or otherwise dealing in or with
tobacco products.

Dated October 23, 1996

Central Cigarette Distributors, LLC
Exact Name of Limited Liability Company

File Date: 11/10/96

Check No: 433

By: [Signature]

For Secretary of State Use Only

*By

[Signature]

*To be signed in the manner required by the home state.

Title President

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
Corporation Division
100 North Main Street
Providence, RI 02903-1335

LIMITED LIABILITY COMPANY

LLC I.D. # 0081249

Annual Report for the year 1995

FIRST: The name of the limited liability company is:

Central Cigarette Distributors, LLC

SECOND: The address of the principal office of the limited liability company is:

1060 Broad Street, Central Falls, RI 02863

THIRD: The state or other jurisdiction under the laws of which it is formed is:

Rhode Island

FOURTH: The name and address of its resident agent is:

Robert J. Soboda, Esq., 51 Clay Street, Central Falls,

Rhode Island 02863

FIFTH: The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are:

1060 Broad Street, Central Falls, RI 02863,

Attention: President

SIXTH: A brief statement of the character of the business in which the corporation is actually engaged in this state:

Purchase, sale, distribution or otherwise dealing in or

with tobacco products.

Dated October 23, 1995

Central Cigarette Distributors, LLC

Exact Name of Limited Liability Company

FILED

OCT 30 1995

By [Signature] 247

By [Signature]

Title President

*To be signed in the manner required by the home state.