

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State $\dot{}$

Matthew A. Brown, Secretary of State

Corporations Dinsion 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 BIACK) 2. Exact name of the limited liability company 81249 Central Cigarette Distributors, LLC 3. State of Formation 4. Hirtef description of the character of the histness which is actually conducted in Rhode Island
PURCHASE, SALE, DISTRIBUTING OR OTHERWISE DEALING IN OR WITH TOBACCO. **RHODE ISLAND** 5. Principal office address Central falls 02863 1060 Broad Street Address State ZID 95 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 Ζip)2863 Manager Name Street Address *2.*(p City State 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 **VINCENT W. BILOTTI** Address Zip 1060 BROAD STREET **CENTRAL FALLS** 02863

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

	1 145 1 161 164 16
File Date	10/14/0 581249
Check No.	403
Вуг	a
I	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.

Wine I Would

(0/13/05

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

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR	2004
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Filing Period: September 1 - November 1 Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BIACK) L. ID No. 2. Exact name of the limited liability company 81249 Central Cigarette Distributors, LLC 3. State of Formation 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. **RHODE ISLAND** 5 Principal office address 02863 KZ 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: State Zip Same as abore. 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 Hanager Name Manager Name Stroy Address City State ZIP 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Address VINCENT W. BILOTTI Address City Zip 1060 BROAD STREET **CENTRAL FALLS** 02863

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

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File Date	9/28/04			
Check No.	399			
Ву:	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.

Signature of Authorized Person

Dille

Print or Type Name of Authorized Person



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

Office of the secretary of state

Matthaw A. Brown, Secretary of State

Gorporations Davision 100 North Main Street Providence RI 02903-1335 401-222-3640

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _

2003

Filing Period: Septen	Filing Period: September 1 - November 1 • Filing Fec: \$50.00					
(FORM MUST BE TYPED OR PRINTED IN BIACK)						
1 ID No						
81249		Central Cigarette Distri	•			
3 State of Formation		4 Brief description of the	character of the business wh	ech is actually conducted in Rhode le	land	
RHODE ISLAND		PURCHASE, SALE,	DISTRIBUTING OR OT	HERWISE DEALING IN OR WI	ТН ТОВАССО.	
> Principal office address		<u> </u>	<u></u>	Cily	State	- 1.p CV 2
1060 15	voAO	Street		Central FALLS	R	I 02863
6. MAILING ADDRE	SS OF L	IMITED LIABILITY O	COMPANY AND NAME	OR TITLE OF CONTACT PE	RSON:	·
Contact Name		1 59 4		Contact Title		
Visce	~ <i>†</i>	W. Giloth		Member		
Street Address				City	State	Zφ
2	AMI	W. Biloth				
			F THE LIMITED LIAB	ILITY COMPANY, IF APPLIC	ABLE	•
			BEFORE USING ATTA			
AN	Y MODI	FICATIONS TO MAN	AGERS REQUIRES FII	ING OF AMENDMENT, R.I.	G.L. 7-16-12 (a	ı) (2) / 7-16-52
Manager Name				Manager Name		
Viscot W Bilotti			Short AMBRESS 1060 BOAR CONTRACTOR FORES	Murphy		
Street Address				Street Address		
1060 BOA. Certrar Far.	o Str	Lef		1060 BNA	o Street	4
Gity		State	Zip	City	State	Zφ
Central Hari	\$	EI	02363	(entrop Fores	12	02863
Managey S ame				Manager Name	•••••••••	
ChrisTOPH	er V	. Bilots				
Street Address			•	Street Address		
Cetra Fac	10 P.	Treet		<u>.</u>		
City /		State	Zip	Cay	State	Zip
			02863	•	ļ	1
8. RESIDENT-AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.L.G.L. 7-16-11					6-11	
Agent Name				Address		
VINCENT W. BILOTTI					•	
Address				Cuy		Zip
1060 BROAD STREET				CENTRAL FALLS		02863
		_		+		1

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 10/23/03	
Check No. 396	
FOR SECRETARY OF STATE USE ONLY	i I

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 horein are true and correct.
/blaff 9/6/03
Signature of Audiorized Person Date
ChisTurger Biloth member
Print or Type Name of Authorized Person



(FORM MUST BE TYPED OR PRINTED IN BLACK)

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

2. Exact name of the limited liabilty company I. ID No. 81249 Central Cigarette Distributors, LLC 4. Brief description of the character of the basiness which is actually conducted in Rhode Island 3. State of Formation PURCHASE, SALE, DISTRIBÚTING OR OTHERWISE DEALING IN OR WITH TOBACCO. RHODE ISLAND 5. Principal office address 02863 Central FALLS 1060 Broad Street 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Bilotti VINCENT Street Address BrOAD STREET 00563 1060 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 Vincent W. Bilotti Street Address Rroad Street Manager Name Manager Name Street Address Street Address State 02904 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 **VINCENT W. BILOTTI** Address Zip 1060 BROAD STREET CENTRAL FALLS 02863 FILED NOV 12 2002 This report must be signed in ink by an authorized person pursuant to 7-16-66. 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. HJ 68 E File Date Check No. 31/7: ShistopHER U.Bilotti DARTNER Print or Type Name of Authorized Person FOR SECRETARY OF STATE USE ONLY Form 632 Rev. 6/02

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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 DLLC 812	249
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Annual Report for the year 2001

1.	The name of the limited liability compan	y is:		
	Central Cigarette Distributors, LLC			
2.	The address of the principal office of the	e limited liability company is:		
	1060 Broad St	creet 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 a	gent is: VINCENT W. BILOTTI		
	1060 BROAD STREET CENTRAL FAL	LS RI 02863		
5.	The current mailing address of the limit	ed liability company and the name or title of a person to whom communications		
	may be directed are: Vincen	t. W. Bilotti - 1060 Broad		
	Stree	t, Central Falls, RI 02863		
6. A brief statement of the character of the business in which the limited liability company is actually e				
	state: Tobacco F	Products Distributor		
7.	If the limited liability company has mana Name	agers, the name and address of each manager of the limited liability company Address		
	Fred Matula	123 New Tersey Ave, Somerset MA 02786		
Da	ated <u>October 9842 900</u> ,	/ 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.		
	8 1 2 4 9	Central Cigarette Distributors, LLC Exact Name of Limited Liability Company		
Fil	FOR SECRETARY OF STATE USE ONLY le Date:	By Vincent W. Bilotti		
Ch	neck No.: 24"7	<u> Vresclent</u> Title		
By		Form No. 632 Revised 01/99		



Revised, 01/99

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

	LIMIT	ED LIABILITY COMPANY			
ID	Number <u>\$1249</u>	Annual Report for the year 2000			
1.	The name of the limited liability company is:	e Distributors LLC			
2	ď				
۷.	The address of the principal office of the lim				
	1060 broad St	Central Falls RI 02863			
3.	The state or other jurisdiction under the laws	of which it is formed is: Rhode Tsland			
4.	The name and address of its resident agent	is: Vincent W. Bilotti			
		t, Central Falls RI 02863			
5.	The current mailing address of the limit	ted liability company and the name or title of a person to whom			
	communications may be directed are:	1060 Broad St. Central Falls,			
	RI 02863 / Vin	cent W. Bilotti			
6.	A brief statement of the character of the b	usiness in which the limited liability company is actually engaged in this			
	state: Tobacco Pro	Quets Distributor			
7.	. If the limited liability company has managers, list the name and address of each manager:				
	Name	Address			
	Fred Matula	123 Neur Tersey 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.					
Dá	ate: February 204, 9001	Centra (Cigare tte Distributors LLC Exact Name of Limited Liability Company			
	FILED	By Timenton Bill			
	FEB 2 3 2001	Part			
Fo	m No 632 By UN 25161	Title			

Filing Fee: \$50.00



Revised: 01/99

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

	FIIAIT I	ED LIADILITY COMPANY
ID	Number 81249	Annual Report for the year
1.	The name of the limited liability company is:	
	Central Cigaret	te Distributors LLC
2.		
	1060 Broad St	Central Falls RI 09863
3.	The state or other jurisdiction under the laws	s of which it is formed is: Rhode Island
4	The name and address of its resident agent	is: Vincent W. Bilotti
	1060 Broad Str	eet, Central Falls, NI 02863
5.	The current mailing address of the limit	ited liability company and the name or title of a person to whom
	communications may be directed are:	1060 Broad St. Central Falls,
	NI 02863 /	Vincent W. Bilotti
6.	A brief statement of the character of the b	usiness in which the limited liability company is actually engaged in this
	state: Tobacco Produ	ets Distributor
7.	If the limited liability company has manager	rs, list the name and address of each manager:
	Name	Address
	Fred Matula	123 New Jersey Ave Somerset MA 02791
		
		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.
D	ate: February 20th , 2001	Central Cigarette Distributors LLC Exact Name of Limited Liability Company
	FILED	Control of Entitled Educity Company
	FEB 2 3 2001	By Vincent To Selet
	By (10 25916)	- Title
د ~	Vm No. 632	* IVV

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

ID	Number <u>81249</u>	Annual Report for the year <u>1998</u>
1.	The name of the limited liability company is:	
	Central Cigaret	te Distributors LLC
2.	The address of the principal office of the limit	
	1060 Broad St. Cer	itral 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
		Central Falls RT 02863
5.	The current mailing address of the limit	ted liability company and the name or title of a person to whom
	communications may be directed are:	060 Broad St. Central Falls
	•	reent W. Bilotti
6.	•	usiness in which the limited liability company is actually engaged in this
	state: Tobacco Produ	ets Distributor
7.	If the limited liability company has manager	s, list the name and address of each manager:
	Name	Address
	Fred Matula	123 New Jersey Ave Somerset MA
		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.
D	ate February 20th, 2001	Central Cigarette Distributors LLC Exact Name of Limited Liability Company
	FILED	By Timent To Bett
	FEB 2 3 2001 allo	Grese Dent
Fi	FEB 2 3 2001 Sorm No. 632 By 100 259100	Title
R	evised 01/99	



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

-	The name of the limited liability company is							
- 2. 1		5.						
2. 1	Central Cigarette Distribu	utors, LLC						
	The address of the principal office of the limited liability company is: 1060 Broad Street, Central Falls, RI 02863							
	The state or other jurisdiction under the laws of which it is formed is: Rhode Island							
	The name and address of its resident agent is: Robert J. Soboda, Esq., 735 Smith Street, Providence, RI 02908							
	The current mailing address of the limited liability company and the name or title of a person to who communications may be directed are: 1060 Broad Street, Central Falls, RI 02863							
	Attention: Vincent W. Bilotti, F	President						
	A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Purchase, sale, disribution or otherwise dealing in or with tobacco products.							
	f the limited liability company has managers, the name and address of each manager of the limited liability							
(company <i>Name</i>	Address						
-	None							
-	بر <u>چي</u>							
CE Date	JAN 15 1998 By CC 31-9	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. Central Cigarette Distributors, LLC Exact Name of Limited Liability Company By Mather By Mather						
		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

LLC 1.D.# 81	1249	Annual Report for the year 1950			
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:	tD: The state or other jurisdiction under the laws of which it is formed is: Rhode Island				
FOURTH:	H: The name and address of its resident agent is:				
	Robert J. Soboda, Esq., 51 Clay Street, Centre				
FIFTH:	H: 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:	H: 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 Oct	cober 23. 19 96 .Central Cigarette Distr Exect Name of Limited				
File Date:	1/1/96	Bilio			
Check No:	*By**To be signed in the mann	er required by the home state.			
By: For Secu	Title President				

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 1.D. #	081249	Annua	al Report for the year	1995		
FIRST:						
	Central Cigarette Distributors, LLC					
SECOND:	COND: 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 form	ed is:	······································		
	Rhode Island					
FOURTH:	FOURTH: The name and address of its resident agent is:					
	Robert J. Soboda	Esq., 51 Clay Stree	et, Central Fall	ls,		
	Rhode Island 0286	3				
FIFTH: The current mailing address of the limited liability company and the name or title of a per communications may be directed are:						
	1060 Broad Street	, Central Falls, RI	02863,			
SIXTH	corporation is actually e	ngaged in this				
	Purchase, sale, d	istribution or other	wise dealing in	or		
	with tobacco prod	ucts.				
DatedQc.t.o.b	.er23, 1995	CentralCigarette	Distributors,			
	FILED	·By Vincent	To Biles			
	OCT 3 0 1995	Title President				
B	1-0					

FORM LLC-19 7/95

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