	State of Rhode Office of the Secret		Fee: \$50.0	
	Division Of Busines 148 W. River S	Street		
HOPE	Providence RI 029 (401) 222-30			
Limited Liability Com Annual Report	pany			
Filing Period: September 1	- November 1			
	7-16-66(d), each limited liability com in thirty (30) days after the time prese penalty fee of \$25.00.	, , , , , , , , , , , , , , , , , , , ,		
ANNUAL REPORT YEAR:	<u>2021</u>			
1. ID No. <u>001696812</u>				
2. Exact Name of the Limited Liability Company Helix Innovations LLC				
3. State of Formation				
State: <u>DE</u>				
<u>312230</u>	e information on <u>NAICS</u> can be found	onnio.		
4. Brief Description of th	e Character of the Business Whic	h is Actually Conducted in Rhod	e Island	
TOBACCO PRODUCT	<u>S</u>			
5. Principal Office Addre	SS			
No. and Street: 6601 WEST BROAD STREET				
City or Town: <u>RICH</u>	MOND S	tate: <u>VA</u> Zip: <u>23230</u> Countr	ry: <u>USA</u>	
6. Mailing Address of Lir	nited Liability Company and Nam	e or Title of Contact Person:		
Contact Name: MANAG	ER LAW Contact Title: MICHELE	RUNDSTROM		
No. and Street: <u>6601 V</u> City or Town: <u>RICHN</u>	<u>VEST BROAD STREET</u> I <u>OND</u> S	tate: <u>VA</u> Zip: <u>23230</u> Count	ry: <u>USA</u>	
7. Name and Address of DO NOT LIST MEMBEI	Each Manager of the Limited Lia	bility Company, if Applicable.		
Title	Individual Name	Address		
MANAGER	First, Middle, Last, Suffix SHANNON M. LEISTRA	Address, City or Town, State, Zip Code	e, Country	
		6601 W BROAD ST RICHMOND, VA 23230 USA	·	
MANAGER	DARREN C. BROUGHTON	6601 W BRAOD ST		

		RICHMOND, VA 23230 USA		
MANAGER	JHONNY O CEDENO	6601 W BROAD ST RICHMOND, VA 23230 USA		
MANAGER	ALLISON C. BOLYARD	6601 WEST BROAD STREET RICHMOND, VA 23230 USA		
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11				
CAPITOL CORPORATE SERVICES. INC. 222 JEFFERSON BOULEVARD. SUITE 200 WARWICK, RI 02888				
9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).				
 Signed this 11 Day of August, 2021 at 8:48:49 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16. By <u>ALLISON C. BOLYARD</u> Signature of Authorized Person 				
Form No. 632 Revised 09/07				
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