|   | Stat                              | te of Rhode      | leland                      | Fee: \$50.00        |
|---|-----------------------------------|------------------|-----------------------------|---------------------|
|   |                                   |                  | ary of State                |                     |
| Division Of Business Services   |                                   |                  |                             |                     |
| 148 W. River Street   |                                   |                  |                             |                     |
| Providence RI 02904-2615  |                                   |                  |                             |                     |
| 1636  |                                   | (401) 222-30     | 040                         |                     |
| Limited Liability Company   |                                   |                  |                             |                     |
| Annual Report   |                                   |                  |                             |                     |
| Filing Period: Februa   | nry 1 - May 1                     |                  |                             |                     |
| In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00. |                                   |                  |                             |                     |
| ANNUAL REPORT YEAR: 2023  |                                   |                  |                             |                     |
| 1. ID No. 001725515   |                                   |                  |                             |                     |
| 2. Exact Name of the Limited Liability Company $Mr. Vape USA LLC$   |                                   |                  |                             |                     |
| 3. State of Formation   |                                   |                  |                             |                     |
| State: <u>AZ</u>  |                                   |                  |                             |                     |
| ARTICLE III   |                                   |                  |                             |                     |
| Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.  |                                   |                  |                             |                     |
| <u>424940</u>   |                                   |                  |                             |                     |
| 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode<br>Island  |                                   |                  |                             |                     |
| WHOLESALE DISTRIBUTOR OF ELIQUID  |                                   |                  |                             |                     |
| 5. Principal Office   | Address                           |                  |                             |                     |
| No. and Street:   | <u>1833 W MAIN ST</u>             |                  |                             |                     |
| City or Town:   | <u>STE 110-111</u><br><u>MESA</u> | State: <u>AZ</u> | Zip: <u>85201-6922</u>      | Country: <u>USA</u> |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:  |                                   |                  |                             |                     |
| Contact Name: OLIVIA LEE Contact Title: COMPLIANCE OFFICER  |                                   |                  |                             |                     |
| No. and Street:<br>City or Town:  | 1702 E MCNAIR DR<br>TEMPE         | State:           | <u>AZ</u> Zip: <u>85283</u> | Country: USA        |
|   |                                   |                  | <u></u>                     |                     |
| 7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER<br>Changes Require Filing of Form 642 - R.I.G.L. 7-16-11   |                                   |                  |                             |                     |
|   | -                                 |                  |                             |                     |

## URS AGENTS, LLC 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

## Signed this 28 Day of February, 2023 at 3:13:49 PM 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>REX WILLIAMSON</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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