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State of Rhode Island **Department of State - Business Services Division**

2024

Annual Report for the year: **Limited Liability Company**

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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1. Entity ID Number	2. Exact name of the Limited	2. Exact name of the Limited Liability Company			
001056051	SPLASH ECIG AN	SPLASH ECIG AND VAPOR EMPORIUM LLC			
3. NAICS Code 453991	· ·	4. Brief description of the character of business conducted in Rhode Island SALES OF ECIGS, EJUICE AND ECIG ACCESSORIES			
5. State of Formation RHODE ISLAND					
6. Principal Office Address		City	State	Zip	
54 JAMES FRANCIS	ERRACE MIDDLETOWN		RI	02842	
7. Mailing Address of Limited	Liability Company and Name or 1	Title of Contact Person			
Contact Name ALICIA ANTHONY		Contact Title MEMBER			
Street Address 54 JAMES FRANCIS TERRACE		City	State RI	Zip 02842	
8. The Resident Agent inform	nation currently of record with the l	RI Department of State is accurate	. Changes requir		
	, I declare and affirm that I have tements contained herein are to	examined this report, including ue and correct.	any accompany	ring schedules and	
Name of Authorized Person			Date		
ALICIA ANTHONY			10/23/2024		
Signature of Authorized Pers	on An O	~			

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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