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State of Rhode Island

Department of State - Business Services Division

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

2020

-> 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	Liability Company		1
001056051	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				i i
6. Principal Office Address		City	State	Zip
54 JAMES FRANCIS TERRACE		MIDDLETOWN	RI	02842
7. Mailing Address of Limited	Liability Company and Name or T	itle of Contact Person		1
Contact Name ALICIA ANTHONY		Contact Title MEMBER		
Street Address 54 JAMES FRANCIS TERRACE		City	State	Zip 02842
8. The Resident Agent inform	ation currently of record with the F	RI Department of State is accurate	. Changes requir	
9. Under penalty of perjury, statements, and that all state	I declare and affirm that I have tements contained herein are tr	examined this report, including	any accompany	ing schedules an
Name of Authorized Person			Date	
ALICIA ANTHONY		10/23/2024		

DEC 05 2024 3:03pm BY LKS SFENW

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov