

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: Limited Liability Company

2019

→ 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					
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 TERRACE		MIDDLETOWN	RI	02842		
7. Mailing Address of Limite	d Liability Company and Name or	Title of Contact Person		; ;		
Contact Name ALICIA ANTHONY		Contact Title MEMBER				
Street Address 54 JAMES FRANCIS TERRACE		City MIDDLETOWN	State	Zip 02842		
8. The Resident Agent infon	mation currently of record with the		. Changes requir	<u> </u>		
	y, I declare and affirm that I have atements contained herein are to		any accompany	ring schedules and		
Name of Authorized Person			Date			
ALICIA ANTHONY			10/23/2024			
Signature of Authorized Per	son Am	~				

FILED

3:00 pm

DEC 0.5 2024

BY LKS SFENW

MAIL TO:

Division of Business Services

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

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