State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2025
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.

1. Entity ID Number	2. Exact name of the Limited Liability Company		
000747705	VAPORETTI LLC		
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island		
453991			
5. State of Formation	RETAIL ELECTRONIC CIGARETTES		
RI			
6. Principal Office Address	City	State	Zip
50B NEWPORT AVE	RUMFORD	RI	02916
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name: DAVID KELLEY	Contact Title: MEMBER		
Street Address: 50B NEWPORT AVE	City: RUMFORD	State: RI	Zip: 02916
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
9. ***Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.***			
Name of Authorized Person: DAVID KELLEY	Date: 1/23/25		
Signature of Authorized Person: D. Kelley			

FILED
JAN 23 2025
BY 1020

MAIL TO:
Division of Business Services
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