RI SOS Filing Number: 202568247970 Date: 3/25/2025 4:00:00 PM



State of Rhode Island

**Department of State - Business Services Division** 

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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05 BSD 12:00:93	FOR SECRETARY OF STATE USE ONLY

1. Entity ID Number	2 Exact name of the Limited Liability Company		
00178/604	Octon Cigaris LLC		
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island		
424940 5 State of Formation	Cigari-S distribution, Whole Sale.		
RI			
6. Principal Office Address	City // State Zip		
555 NORTH 1	MAIN St # 1015 Mondence 1/2 02904		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name	Contact Title		
William	E CUETO CEO/JUNEIL		
Street Address Kimbal	1 St State S		
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	(UE10) Date 3/25/25		
Signature of Authorized Person.			

MAIL TO:

Division of Business Services

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

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

MAR 25 2025

FORM 632 - Revised 12/2023