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## 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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1. Entity ID Number	2. Exact name of the Lim	Ited Liability Company			
830999	Rhode Island Vapor Company LLC				
3. NAICS Code 459991	Brief description of the character of business conducted in Rhode Island Sales of E-Cigarettes/E-Liquid				
5. State of Formation Rhode Island		,			
6. Principal Office Address		City	State	Zip	
1483 Mineral Spring Ave		North Providence	RI	02904	
7. Mailing Address of Limite	d Liability Company and Name	or Title of Contact Person		······································	
Contact Name Dino Baccari		Contact Title			
Street Address 1483 Mineral Spring Ave		City North Providence	State RI	<sup>Zip</sup> 02904	
8. The Resident Agent infor	mation currently of record with t	the RI Department of State is accurate.	Changes requir	e filing Form 642.	
9. Under penalty of perjui statements, and that all s	y, I declare and affirm that I he tatements contained herein a	ave examined this report, including a re true and correct.	any accompany	ying schedules and	
Name of Authorized Person			Date		
Dino Bacca	ari		07/30/2025		
Signature of Authorized Per	rson				
Dino Bacc	ari				

FILED SAN \* AUG 14 2025 BY KFSCK

MAIL TO:

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

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