RI SOS Filing Number: 202577660830 Date: 8/14/2025 1:15:00 PM

State of Rhode Island **Department of State - Business Services Division**

2023

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 Limited Liability Company | | | | | | |
| 830999 | Rhode Island Vapor Company LLC | | | | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island Sales of E-Cigarettes/E-Liquid | | | | | | |
| 459991 | | | | | | | |
| 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 Limited 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 | ^{Zip} 02904 | | | |
| 8. The Resident Agent informat | ion currently of record with th | ne RI Department of State is accurate. | Changes require | s 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 | | | Date | | | | |
| Dino Baccari | | | 07/30/2025 | | | | |
| Signature of Authorized Person | <u> </u> | | | | | | |
| Dino Baccari | | | | | | | |
| | | | | - | | | |

AUG 14 2025

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.ri.gov