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State of Rhode Island Department of State - Business Services Division

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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.

2018

1. Entity ID Number	2. Exact name of the Limit	red Liability Company			
830999	Rhode Island Vapor Company LLC 4. Brief description of the character of business conducted in Rhode Island Sales of E-Cigarettes/E-Liquid				
3. NAICS Code 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 Limite	d Liability Company and Name of	or Title of Contact Person			
Contact Name Dino Baccari		Contact Tille			
Street Address 1483 Mineral Spring Ave		City North Providence	State RI	^{Zip} 02904	
8. The Resident Agent infor	mation currently of record with th	ne RI Department of State is accurate.	Changes requir	e filing Form 642.	
9. Under penalty of perjur		ve examined this report, including a			
Name of Authorized Person Dino Baccari			Date 07/30/2025		
Signature of Authorized Per Dino Bacci					

FILED

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BY KFSCE

MAIL TO:

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

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