



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2018

Limited Liability Company

- Filing period: September 1 - November 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by December 1.

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 BUS SVCS DIV

2021 AUG 30 P 2:30

1. Entity ID Number 977346		2. Exact name of the Limited Liability Company PAPI MOYA			
3. NAICS Code 424990 42 - Wholesale Trade		4. Brief description of the character of business conducted in Rhode Island WHOLESALE DISTRIBUTOR			
5. State of Formation RHODE ISLAND					
6. Principal Office Address 69 REGENT AVENUE			City PROVIDENCE	State RI	Zip 02908
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name PEDRO R. MOYA			Contact Title MANAGER		
Street Address 69 REGENT AVENUE			City PROVIDENCE	State RI	Zip 02908
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name PEDRO R. MOYA			Manager Name		
Street Address 69 REGENT AVENUE			Street Address		
City PROVIDENCE	State RI	Zip 02908	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment ☐					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
<i>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.</i>					
Name of Authorized Person PEDRO R. MOYA				Date 08/11/2021	
Signature of Authorized Person <i>[Signature]</i> - SIGN DOCUMENT HERE					

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

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BY *[Signature]* 2:32