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

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**Annual Report for the year:** 2024
**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.

| 1. Entity ID Number | 2. Exact name of the Limited Liability Company | | |
|---|---|---|---|
| 977346 | PAPI MOYA, LLC | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | |
| 424990 | WHOLESALE DISTRIBUTOR | | |
| 5. State of Formation | | | |
| RHODE ISLAND | | | |
| 6. Principal Office Address | City | State | Zip |
| 69 REGENT AVENUE | PROVIDENCE | RI | 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. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642. | | | |
| ***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 | |
| PEDRO R. MOYA | | 12/01/2023 | |
| Signature of Authorized Person | | | |

**MAIL TO:**
**Division of Business Services**
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