



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

REC'D RI SOS
25 JAN 16 PM 1:05:46
SECRETARY OF STATE

1. Entity ID Number 87250		2. Exact name of the Corporation PROVIDENCE PAWNBROKERS INC			
3. Principal Office Address 1403-1405 BROAD ST		City PROVIDENCE		State RI	Zip 02905
4. NAICS Code 453991		6. Brief description of the character of business conducted in Rhode Island PAWNSHOP, 2nd HAND STORE, RETAIL			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name MERCEDES LOPEZ			Vice-President Name SAME		
Street Address 846 DIVISION ST			Street Address		
City EAST GREENWICH	State RI	Zip 02818	City	State	Zip
Secretary Name SAME			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name SAME			Director Name SAME		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES 100	CLASS/SERIES	PAR VALUE 0	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
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. FILED					
Name of Authorized Representative MERCEDES LOPEZ				Date 1/16/2025	
Signature of Authorized Representative <i>M Mercedes Lopez</i>				BY XBIEY	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov