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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: Limited Liability Company

2025

→ 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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NO FOR STATE	

1 Entity ID Number	2. Exact name of the Limited Liability Company					
001771843	DIAMPLAYE DISTRIBUTION LLC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
531110						
5. State of Formation	mation REDUESTATE					
R.T						
6. Principal Office Address		City	State	Zıp		
375 PAWTUCKS DUE PAWTUCKS		RI	02280			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name	ontact Name Contact Title					
PBLAYE GUEYE						
Street Address		City	State	Zip		
375 PAWTVO	2 Kel	PATWTUCKET	K]	02860		
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require 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	_		
ABLAYE G	UEYE		3-7-	. 2025		
Signature of Authorized Person						
Ablan						

FILED

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MAIL TO:

Division of Business Services

148 W River Street, Providence, Rhode Island 02904-2615

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