



State of Rhode Island

Department of State - Business Services Division

STAMP

Annual Report for the year: 2025

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.

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|---|--|---|---------------------------|---------------------|
| 1. Entity ID Number 977346 | | 2. Exact name of the Limited Liability Company PAPI MOYA, LLC | | |
| 3. NAICS Code 424990 | | 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. The Resident Agent information currently of record with the RI Department of State is accurate. 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 02/04/2025 | |
| Signature of Authorized Person | | | | |

 FILED
 MAY 05 2025
 BY 661407

MAIL TO:

Division of Business Services

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