



State of Rhode Island

Department of State - Business Services Division

STAMP

Annual Report for the year: 2025

Limited Liability Company

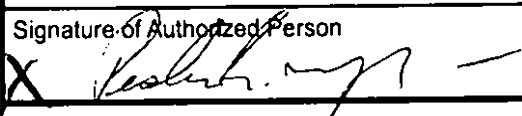
→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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BUS SVCS DIV

2025 MAY -5 P 2:55

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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