State of Rhode Island
Department of State - Business Services Division

STAMP

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2025 MAY -5 P 2:55

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.

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		02/04/2025	
Signature of Authorized Person			
X			

FILED
MAY 05 2025
BY ce 1407

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