



**State of Rhode Island**  
**Department of State - Business Services Division**

REC'D RIDOS BSD  
25 JUN 5 AM 9:04:22

**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 <b>001771275</b>		2. Exact name of the Limited Liability Company <b>Chidys Home Day Care LLC</b>		
3. NAICS Code <b>624410</b>		4. Brief description of the character of business conducted in Rhode Island <b>PROVIDES CHILD CARE SERVICES</b>		
5. State of Formation <b>RI</b>				
6. Principal Office Address <b>232 MAGNOLIA STREET APT 1</b>		City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02909</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name <b>MILVIA DE MOYA</b>		Contact Title <b>OWNER</b>		
Street Address <b>232 MAGNOLIA STREET APT 1</b>		City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02909</b>
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.				
9. <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 <b>MILVIA DE MOYA</b>			Date <b>06/03/2025</b>	
Signature of Authorized Person <i>Milvia De Moya</i>				

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**JUN 05 2025**

*(CB)*

**BY D8D7w**

**MAIL TO:**

**Division of Business Services**

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

**Phone:** (401) 222-3040

**Website:** [www.sos.ri.gov](http://www.sos.ri.gov)