



State of Rhode Island
Department of State - Business Services Division

REC'D RI SOS BSSD
25 JUL 9 PM 12:09:05
SMP

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.

1. Entity ID Number 001759588		2. Exact name of the Limited Liability Company RP DISTRIBUTION, LLC	
3. NAICS Code 424990		4. Brief description of the character of business conducted in Rhode Island SNACK distribution	
5. State of Formation RI			
6. Principal Office Address 9 Fairmount Ave Apt 1		City Providence	State RI
		Zip 02908	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Janey Rodriguez		Contact Title Owner	
Street Address 9 Fairmount Ave Apt 1		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.			
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 Janey Rodriguez		Date 7/9/25	
Signature of Authorized Person 			

FILED

JUL 09 2025
BY 3EH2N
1209 KJ

MAIL TO:

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