



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$50.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

*Filing Period: February 1 - May 1*

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2023

**1. ID No.** 001735756

**2. Exact Name of the Limited Liability Company** Studio Dama, LLC

**3. State of Formation**

State: RI

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

541430

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

STUDIO DAMA, LLC IS A FEMALE-OWNED, MULTIDISCIPLINARY DESIGN STUDIO BASED OUT OF PROVIDENCE, RI. CURRENTLY OFFERING RESEARCH + STRATEGY, DESIGN ± DEVELOPMENT SERVICES FOR BUSINESSES LARGE AND SMALL. OUR 10+ YEAR COLLECTIVE EXPERIENCE IN INDUSTRIES SUCH AS CONSUMER PRODUCTS, MEDTECH, AND EDUCATION MAKES US A UNIQUE PARTNER WITH A WEALTH OF KNOWLEDGE. WE LEAD WITH A BALANCE OF THE HEART AND MIND, STRIVING TO ACHIEVE LONG-LASTING, MEANINGFUL IMPACT FOR OUR CLIENTS. OUR MISSION IS TO SERVE AS A CREATIVE PLUG-IN FOR PURPOSE-DRIVEN BUSINESSES.

**5. Principal Office Address**

No. and Street: 18 TRENTON ST

APT 3

City or Town: PROVIDENCE

State: RI

Zip: 02906

Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: MARINA ALDARONDO Contact Title: FOUNDER & LEAD DESIGNER

No. and Street: 18 TRENTON STREET

APT. 3

City or Town: PROVIDENCE

State: RI

Zip: 02906

Country: USA

**7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER**

**Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

MARINA ALDARONDO 18 TRENTON ST APT 3 PROVIDENCE , RI 02906

**8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 13 Day of January, 2023 at 1:39:48 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.***

By MARINA ALDARONDO

Signature of Authorized Person

Form No. 632  
Revised 09/07

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