



**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 - ENTER THE CURRENT YEAR 2024: 2024

1. ID No. 001735756

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

3. State of Formation

State: RI

NAICS CODE

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: 1385 PACIFIC ST

APT 1

City or Town: BROOKLYN

State: NY

Zip: 11216

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 30 Day of April, 2024 at 1:28:34 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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