



State of Rhode Island
Department of State - Business Services Division

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2024 AUG 30 AM 10:53

Certificate of Correction

Limited Liability Company

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-16-13 the undersigned limited liability company hereby submits the following Certificate of Correction:

1. Entity ID Number: 001775924	2. The name of the limited liability company is: 5A DESIGN STUDIO LLC
3. The document to be corrected is: ARTICLES OF ORGANIZATION	
4. The name of the individual(s) who signed the document being corrected is: DAVID ANDRADE	
5. The date the document being corrected was originally filed on: 07/01/2024	
6. The typographical error, error of transcription or other technical error, or the defect in the execution of the document is: THE ORIGINAL APPLICATION WAS FOR A DOMESTIC LLC IN RHODE ISLAND <div style="text-align: right;">Check the box to indicate an attachment <input type="checkbox"/></div>	
7. The new corrected portion of the document states as follows: THE CORRECTED APPLICATION SHOULD HAVE BEEN A FOREIGN LLC IN RHODE ISLAND <div style="text-align: right;">Check the box to indicate an attachment <input type="checkbox"/></div>	
8. As required by RIGL 7-16-67, the entity has paid all fees and taxes.	

MAIL TO:

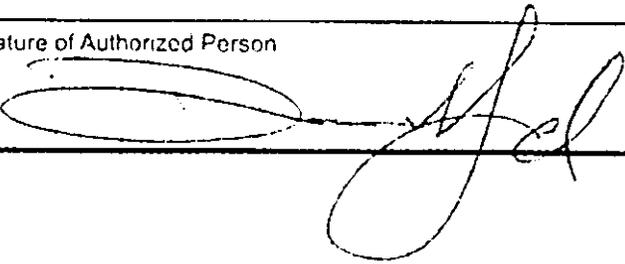
Division of Business Services
148 W. River Street, Providence Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

AUG 30 2024

BY CDALZ
AA 10:53 AM

Under penalty of perjury, I declare and affirm that I have examined this Certificate of Correction, including any accompanying attachments and that all statements contained herein are true and correct.

Name of Authorized Person DAVID ANDRÁDE	Street Address 151 ALLEN ST	
City/Town SEEKONK	State MA	Zip Code 02771
Signature of Authorized Person 		Date 08/26/24

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.



State of Rhode Island
Department of State - Business Services Division



Application for Registration

FOREIGN Limited Liability Company

2024 AUG 30 AM 10:52

→ Filing Fee: \$150.00

Pursuant to the provisions of RIGL 7-15-49, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the limited liability company is:		
5A DESIGN STUDIO LLC		
Is this company organized in its state or country of formation as a low-profit limited liability company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
The name, if different, under which it proposes to register and transact business in Rhode Island is		
2. The LLC is organized under the laws of:		
MASSACHUSETTS		
3. The date of its organization is:		
06/06/2024		
And the period of its duration is: CHECK ONE BOX ONLY		
<input checked="" type="checkbox"/> Perpetual (on-going)		
<input type="checkbox"/> Date certain for dissolution _____		
4. The name and address of the resident agent/office in Rhode Island is:		
Agent Name		
ROBERT HASKELL		
Street Address (NOT a P.O. Box)		
833 WILLET AVENUE		
City/Town	State	Zip Code
RIVERSIDE	RHODE ISLAND	02915
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:		
ARCHITECTURE DESIGN		
Check the box to indicate an attachment <input type="checkbox"/>		

MAIL TO:

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

6. The RI Department of State is appointed the agent of the foreign limited liability company for service of process if, at any time, there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.

7. The address of the office required to be maintained in the state or country of its organization by the laws of that state or, if not so required, of the principal office of the foreign limited liability company is:

151 ALLEN AVE SEEKONK MA 02771

8. The mailing address for the limited liability company is.

151 ALLEN AVE SEEKONK MA 02771

9. Management of the Limited Liability Company: **CHECK ONE BOX ONLY**

Members (Owners)
DO NOT complete the chart below.

OR

Manager(s). Complete the chart below

X	MANAGER(S) NAME	ADDRESS
	DAVID ANDRADE	151 ALLEN AVE SEEKONK MA 02771
	DIANA ANDRADE	151 ALLEN AVE SEEKONK MA 02771

Check the box to indicate an attachment

10. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of filing.

11. Date when this application for Certificate of Registration will be effective: **CHECK ONE BOX ONLY**

Date received (Upon filing)

Later effective date (Date must be no more than 90 days from the date of filing) _____

Under penalty of perjury I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.

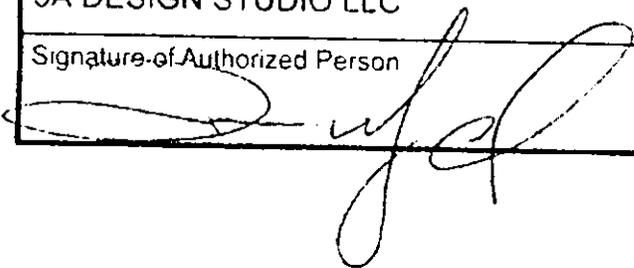
Type or Print Name of LLC

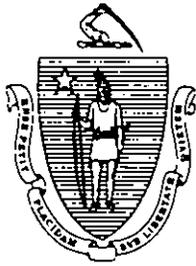
5A DESIGN STUDIO LLC

Date

08/26/2024

Signature of Authorized Person





The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

William Francis Galvin
Secretary of the
Commonwealth

August 12, 2024

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

SA DESIGN STUDIO LLC

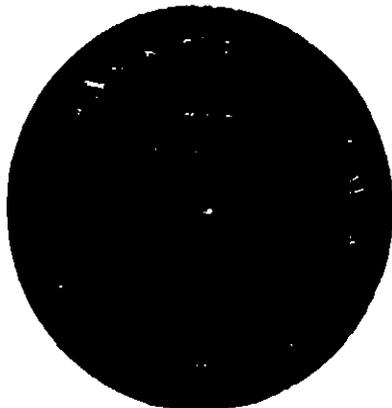
in accordance with the provisions of Massachusetts General Laws Chapter 156C on **June 6, 2024.**

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation; that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156C, § 70 for said Limited Liability Company's dissolution; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: **DAVID ANDRADE, DIANA ANDRADE**

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **DAVID ANDRADE, DIANA ANDRADE**

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **DAVID ANDRADE, DIANA ANDRADE**



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth



State of Rhode Island
Department of State | Office of the Secretary of State
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

August 30, 2024 10:53 AM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore
Secretary of State

