

Application for Registration FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV

2074 SEP 23 P 12: 56

Pursuant to the provisions of RIGL 7-16-49, the undersigned foreign limited liability company hereby annlies 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:				
DELLA MAR LTD. LLC			:	
Is this company organized in its state or country of formation as a low-profit limited liability company? Yes No				
The name, if different, under which it proposes to register and transact business in Rhode Island is:				
N/A				
2. The LLC is organized under the laws of: Delaware				
3. The date of its organization is: 11/29/2023				
And the period of its duration is: CHECK ONE BOX ONLY				
Perpetual (on-going)				
Date certain for dissolution				
4. The name and address of the resident agent/office in Rhode Island is:				
Agent Name Michael DellaGrotta				
Street Address (NOT a P.O. Box) 113 Ocean State Drive, Unit B				
City/Town North Kingstown	State RHODE ISLAND	Zip Code 02852	·	
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: Sale of wholesale seafood products				
		Check the box to indicate	an attechment 🔲	

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**

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any time, there is no resident agent or if diligence.	the resident agent cannot be fo	led liability company for service of process if, at ound or served following the exercise of reasonable		
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8. The mailing address for the limited lia	ollity company is:)			
113 Ocean State Drive, Unit B No	orth Kingstown, RI 02852	RI DOS MADE NON-SUBSTANTIVE ED		
9. Management of the Limited Liability C	ompany: CHECK ONE BOX O	NLY		
Members (Owners) DO NOT complete the cha		anager(s). Complete the chart below.		
	MANAGER(S) NAME	ADDRESS		
		Check the box to indicate an attachment		
10. This application must be accompanie formation dated within 60 days of the dal		ding/Letter of Status from the state or country of		
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 n	o more than 90 days from the d	late of filing)		
Under penalty of perjury, I declare and ai accompanying attachments, and that all				
Type or Print Name of LLC		Date A		
DELLA MAR LTD. LLC	•	9-11-24		
Signature of Authorized Person				
/				

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DELLA MAR LTD., LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF SEPTEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DELLA MAR LTD., LLC" WAS FORMED ON THE THIRTIETH DAY OF NOVEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

2696078 8300 SR# 20243665650

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204373820

Date: 09-12-24