



State of Rhode Island  
Department of State - Business Services Division

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CORPORATION

2024 NOV 18 PM 3:01  
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**Application for Registration**

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

FOR  
SECRETARY OF STATE  
USE ONLY

Pursuant to the provisions of RIGL 7-16-49, 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:		
Sauga, 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: Florida		
3. The date of its organization is: December 4, 2018		
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 Eric D. Correira, Esq.		
Street Address (NOT a P.O. Box) 10 Dorrance Street, 7th Floor		
City/Town Providence	State RHODE ISLAND	Zip Code 02903
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:		
Real Estate Investment		
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

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FORM 450 - Revised 12/2023

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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:

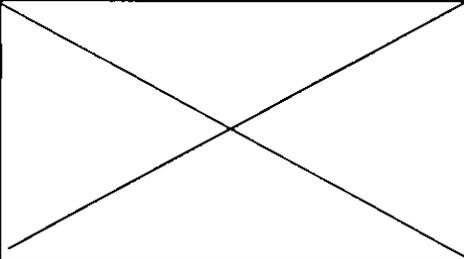
517 Mardel Drive, Unit 204, Naples, Florida 34104

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

517 Mardel Drive, Unit 204, Naples, Florida 34104

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

Members (Owners) **OR**  Manager(s). Complete the chart below.  
**DO NOT** complete the chart below.

	MANAGER(S) NAME	ADDRESS

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

Sauga, LLC

Date

Nov. 13, 2024

Signature of Authorized Person

*Joseph B. Carthy*

# *State of Florida*

## *Department of State*

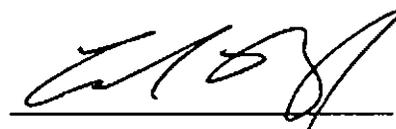
I certify from the records of this office that SAUGA, LLC is a limited liability company organized under the laws of the State of Florida, filed on December 4, 2018.

The document number of this limited liability company is L18000279510.

I further certify that said limited liability company has paid all fees due this office through December 31, 2024, that its most recent annual report was filed on February 21, 2024, and that its status is active.

*Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this  
the Fourteenth day of November,  
2024*



  
Secretary of State

Tracking Number: 4716367313CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>



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:

November 18, 2024 03:01 PM

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

Gregg M. Amore  
*Secretary of State*

