



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

Fee: \$150.00

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

**Foreign Limited Liability Company
Application for Registration**

(Section 7-16-49 of the General Laws of Rhode Island, 1956, as amended)

ARTICLE I

The name of the limited liability company is: Mendoza Architects, LLC

Enter your name exactly as it appears in your state. If your name includes an entity ending other than LLC or Limited Liability Company, complete Article II. The elected name in RI must include the entity ending LLC or Limited Liability Company.

ARTICLE II

The name, if different, under which it proposes to register and transact business in Rhode Island is:

ARTICLE III

The Limited Liability Company is organized under the laws of: State: CT Country: US

The date this Application for Registration is to become effective, not prior to, nor more than 90 days after the filing of this Application for Registration.

Later Effective Date: 04/15/2025

ARTICLE IV

The date of its organization is: 10/12/2024

ARTICLE V

The period of its duration is: ☐ Perpetual ☒ 4/15/2028

ARTICLE VI

The address (post office box not acceptable) of the limited liability company's resident agent in Rhode Island:

No. and Street: 700 NARRAGANSETT PARK DR STE 100

City or Town: PAWTUCKET

State: RI Zip: 02861

Name: REGISTERED AGENTS INC

Article VII

The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

ARCHITECTURAL SERVICES

ARTICLE VIII

The Rhode Island 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.

ARTICLE IX

The address of the office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized:

No. and Street: 265 LANE STREET

City or Town: HAMDEN

State: CT

Zip: 06514

Country: US

ARTICLE X

The mailing address for the limited liability company is:

No. and Street: 265 LANE STREET

City or Town: HAMDEN

State: CT

Zip: 06514

Country: US

ARTICLE XI

The limited liability company is to be managed by its X Members* or ___ Managers (check one)

*** If you checked to be managed by your MEMBERS (the owners) DO NOT complete the following section. Only complete the following section if you checked to be managed by MANAGERS.**

The name and address of each manager:

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
-------	--	--

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.

Signed this 15 Day of April, 2025 at 1:52:21 PM by the Authorized Person.

JORGE MENDOZA

Form No. 450
Revised 09/07

© 2007 - 2025 State of Rhode Island
All Rights Reserved

Secretary of the State of Connecticut

Certificate of Legal Existence

Certificate of Legal Existence Certificate

Date Issued: Tuesday, April 15, 2025 1:12 PM

I, the Connecticut Secretary of the State, and keeper of the seal thereof, do hereby certify, that the certificate of organization for the below domestic limited liability company was filed in this office.

A certificate of dissolution has not been filed, and so far, as indicated by the records of this office, such limited liability company is in existence.

Business Details

Business Name	Mendoza Architects LLC
Business ALEI	US-CT.BER:3085816
Formation Date	10/12/2024



Secretary of the State

Business ALEI: US-CT.BER:3085816

Note: To verify this certificate, visit Business.ct.gov

Certificate Number: C-00165968



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:

April 15, 2025 01:51 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore
Secretary of State

