



State of Rhode Island
Department of State - Business Services Division

Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

REC'D RIDGSD BSD
25 JUN 26 PM 12:15:07

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:		
THE PERFECT EMPANADA 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:		
2. The LLC is organized under the laws of: MASSACHUSETTS		
3. The date of its organization is: 3/25/2021		
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 PABLO MASTANDREA		
Street Address (NOT a P.O. Box) 65 BATH STREET UNIT K18		
City/Town PROVIDENCE	State RHODE ISLAND	Zip Code 02908
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:		
FOOD SERVICE		
Check the box to indicate an attachment ☐		

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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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:

8 BLACKSTONE ROAD, ATTLEBORO, MA 02703

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

8 BLACKSTONE ROAD, ATTLEBORO, MA 02703

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

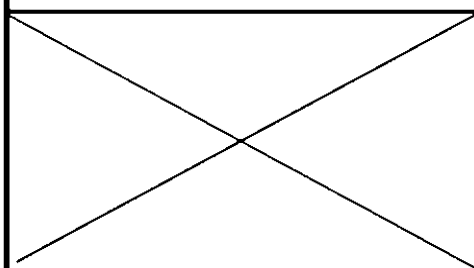
☐ Members (Owners)

DO NOT complete the chart below.

OR



Manager(s). Complete the chart below.

	MANAGER(S) NAME	ADDRESS
	PABLO MASTANDREA	8 BLACKSTONE ROAD ATTLEBORO, MA 02703

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

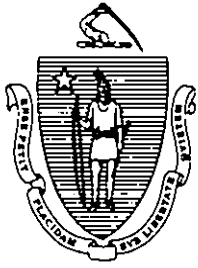
THE PERFECT EMPANADA LLC

Date

6/26/25

Signature of Authorized Person





William Francis Galvin
Secretary of the
Commonwealth

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

March 14, 2025

TO WHOM IT MAY CONCERN:

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

THE PERFECT EMPANADA LLC

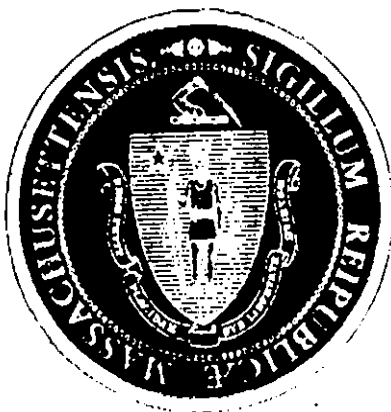
in accordance with the provisions of Massachusetts General Laws Chapter 156C on **March 25, 2021.**

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: **PABLO MASTANDREA**

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

I also certify that the names of all persons authorized to act with respect to real property listed in the most recent filing are: **PABLO MASTANDREA**



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