



State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, Secretary of State



July 31, 2025

LA VELA LLC
c/o TIFFANY BRITTO
95 ALVIN STREET, FLOOR 1
PROVIDENCE, RI 02907

RE: Entity ID # 001783826
LA VELA LLC

Dear Sir or Madam:

The Division of Business Services of the Office of the Secretary of State has determined that there has been a misrepresentation made in the Articles of Organization for the above-named entity that were filed in this office on January 8, 2025. This office has received the enclosed affidavit reporting the unauthorized formation of this entity with our office.

Pursuant to the provisions set forth in Section 7-16 of the General Laws of the State of Rhode Island, the Certificate of Organization of the above-named entity will be revoked after 60 days from the date of this notice for failure to file a Certificate of Correction to the Articles of Organization.

Please file your Certificate of Correction (Form 403) with the Division of Business Services, 148 West River St. Providence, RI 02904 within the next sixty days so that your authority to conduct business will remain intact. If you have any questions, or if we can be of any assistance, please do not hesitate to call the Division of Business Services at (401) 222-3040.

Sincerely,

Gregg M. Amore
Secretary of State



State of Rhode Island
Department of State - Business Services Division

Affidavit of Unauthorized Formation

→ No Filing Fee

This affidavit is to be used to report the unauthorized formation of an entity with the RI Department of State Business Services Division.

STAMP

RECEIVED
RI DEPT. OF STATE
BUS SVCS DIV
FOR
SECRETARY OF STATE
USE ONLY

2025 JUL 28 P12:45

1. Name - First <u>Orifeny</u>		Middle Initial (optional) <u>C</u>	Last <u>Beitko</u>							
2. Street Address <u>95 Alvin St.</u>		City/Town <u>Providence</u>	State <u>RI</u>	Zip Code <u>02907</u>						
3. I know or suspect that someone used my identity to file formation documents to establish a: <table border="0"><tr><td>☒ - Business Corporation RIGL 7-1.2</td><td>☐ - Limited Liability Company RIGL 7-16</td></tr><tr><td>☐ - Non-Profit Corporation RIGL 7-6</td><td>☐ - Limited Partnership RIGL 7-13.1</td></tr><tr><td>☐ - Limited Liability Partnership RIGL 7-12.1</td><td></td></tr></table>					☒ - Business Corporation RIGL 7-1.2	☐ - Limited Liability Company RIGL 7-16	☐ - Non-Profit Corporation RIGL 7-6	☐ - Limited Partnership RIGL 7-13.1	☐ - Limited Liability Partnership RIGL 7-12.1	
☒ - Business Corporation RIGL 7-1.2	☐ - Limited Liability Company RIGL 7-16									
☐ - Non-Profit Corporation RIGL 7-6	☐ - Limited Partnership RIGL 7-13.1									
☐ - Limited Liability Partnership RIGL 7-12.1										
Entity ID Number:		The name of the entity is: <u>IA Vela Inc</u>								
4. I did not submit the formation documents for this entity, nor did I give permission for this entity to be filed with the RI Department of State Business Services Division.										
5. I have taken the following steps to report this unauthorized activity: <table border="0"><tr><td>☒ I have reported the unauthorized formation to the US Federal Trade Commission.</td></tr><tr><td>☒ I have filed a police report with the <u>Providence</u> police department. The police report number is <u>125000435 & 125001472</u></td></tr><tr><td>☐ Other: <u>Commission # 183318823</u></td></tr></table>					☒ I have reported the unauthorized formation to the US Federal Trade Commission.	☒ I have filed a police report with the <u>Providence</u> police department. The police report number is <u>125000435 & 125001472</u>	☐ Other: <u>Commission # 183318823</u>			
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MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov



State of Rhode Island
Department of State - Business Services Division

<u>Tiffany Britto</u> , (complainant's name) declare and affirm that I have examined this Affidavit of Unauthorized Formation and all statements contained herein are true and correct.		
Type or Print Name of Complainant	<u>Tiffany Britto</u>	Date <u>6/5/25</u>
Signature of Complainant <u>Tiffany Britto</u> SIGN DOCUMENT HERE		
Notary		
State: <u>RI</u>	County: <u>PROVIDENCE</u>	
Subscribed and sworn to (or affirmed) before me on this <u>5th</u> day of <u>JUNE</u> , 20 <u>25</u> , by <u>TIFFANY BRITTO</u> (name of complainant), who proved to me through satisfactory evidence of identification to be the person who appeared before me. <u>CLIFFORD A. BOLDUC</u>		
Type or Print Name of Notary Public	Commission ID # <u>60300</u>	Commission Expiration <u>4/12/2027</u>
Signature of Notary Public <u>Clifford A. Bolduc</u> SIGN DOCUMENT HERE		

