



State of Rhode Island  
Department of State - Business Services Division

### Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

REC'D RIDOS BSD  
25 AUG 12 10:24:35  
AMP  
FOR  
RY OF STATE  
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:                                                                                                                              |              |          |
| D'Chalas Barbershop 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:                                                                                                                                    |              |          |
| MA                                                                                                                                                                            |              |          |
| 3. The date of its organization is:                                                                                                                                           |              |          |
| 02/28/2023                                                                                                                                                                    |              |          |
| 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                                                                                                                                                                    |              |          |
| Miguel E. Chalas Garca                                                                                                                                                        |              |          |
| Street Address (NOT a P.O. Box)                                                                                                                                               |              |          |
| 1168 Social St                                                                                                                                                                |              |          |
| City/Town                                                                                                                                                                     | State        | Zip Code |
| Woonsocket                                                                                                                                                                    | RHODE ISLAND | 02895    |
| 5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:                                                                    |              |          |
| opening a barbershop in the town of Woonsocket.                                                                                                                               |              |          |
| 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

FILED

AUG 12 2025

BY SQHWJ  
A

STAMP

1024

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:

3 Main St Woonsocket RI 02895

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

15 School St #1 Boston MA 02124

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                                   |
|--|----------------------------------------------------|-------------------------------------------|
|  | Miguel & Charles Garcia<br>Miguel & Charles Garcia | 1167 Social St #1<br>Woonsocket, RI 02895 |

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.*

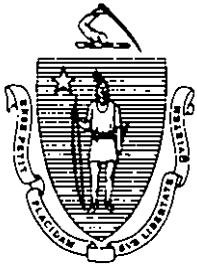
Type or Print Name of LLC

Date

D'Chalas Partnerships LLC

7/22/2025

Signature of Authorized Person



William Francis Galvin  
Secretary of the  
Commonwealth

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

August 4, 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

**D'CHALAS BARBERSHOP LLC**

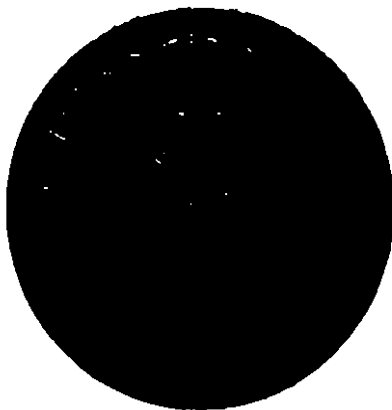
in accordance with the provisions of Massachusetts General Laws Chapter 156C on **February 28, 2023.**

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: **MIGUEL E. CHALAS GARCIA**

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **MIGUEL E. CHALAS GARCIA**

I also certify that the names of all persons authorized to act with respect to real property listed in the most recent filing are: **MIGUEL E. CHALAS GARCIA**



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

Processed by: mqc

QC by: JM



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:

August 12, 2025 10:24 AM

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

Gregg M. Amore  
*Secretary of State*

