

1. Entity ID No.

505809 3. State of Formation

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## 

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

2. Exact name of the limited liability company

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

Relativity LLC

4. Brief description of the character of business conducted in Rhode Island

| RI                                                                            | owner                      | ship é max         | accoment of Real Es                           | tate                    |                           |
|-------------------------------------------------------------------------------|----------------------------|--------------------|-----------------------------------------------|-------------------------|---------------------------|
| 5. Principal office add                                                       | ress                       |                    | City                                          | State                   | Zip                       |
| 1197 Eddie Parting Hwy 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NA |                            |                    | Nash Smithfeld                                | d RI                    | 02896                     |
|                                                                               | S OF LIMITED LIABILIT      | Y COMPANY AND      | NAME OR TITLE OF CONTACT P                    | ERSON:                  |                           |
| Contact Name                                                                  |                            |                    | Contact Title                                 |                         |                           |
| Jasan Arag                                                                    | <i>ao</i>                  |                    |                                               | Ia.                     | 1                         |
| Street Address 716 (entre of NE Bluck # 231/                                  |                            |                    | City                                          | State                   | Zip // 0/1                |
|                                                                               |                            |                    | Covertay                                      |                         | 028/6                     |
| ("X" BOX FOR AT                                                               |                            | PRESSES) OF THE    | LIMITED LIABILITY COMPANY, IF                 | APPLICABLE - <u>Do</u>  | NOT LIST MEMBERS          |
| Manager Name                                                                  |                            |                    | Manager Name                                  |                         |                           |
| Street Address                                                                |                            |                    | Street Address                                |                         |                           |
| City                                                                          | State                      | Zip                | City                                          | State                   | Zip                       |
| Manager Name                                                                  |                            |                    | Manager Name                                  |                         | 2013                      |
| Street Address                                                                |                            |                    | Street Address                                |                         |                           |
| City                                                                          | State                      | Zip                | City                                          | State                   | Zip o                     |
| 8. RESIDENT AGENT                                                             | IN RHODE ISLAND            |                    |                                               | L                       | <u> </u>                  |
| This information is c                                                         | currently of record in the | Office of the Secr | etary of State. Changes require f             | iling Form 642.         |                           |
|                                                                               |                            | FILE               |                                               |                         | : 03                      |
|                                                                               |                            | MAY 062            | 2013                                          |                         |                           |
|                                                                               | <b>BY</b> /                | TAN                |                                               |                         |                           |
|                                                                               |                            | 29.196             | (05)                                          |                         |                           |
|                                                                               |                            | , =                |                                               | urv. I declare and affi | rm that I have examined   |
| File Date                                                                     |                            |                    | this report, including and that all statement | any accompanying a      | schedules and statements, |
| Check No                                                                      |                            |                    |                                               |                         |                           |
| Ву:                                                                           |                            |                    | Signature of Authorized                       | l Person                | Date                      |
| FOR SECRETARY                                                                 | OF STATE USE ONLY          |                    | Print or Type Name of A                       | Authorized Person       |                           |
| Form No. 632                                                                  |                            |                    |                                               |                         |                           |

Revised: 01/2012