



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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Application for Registration
FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

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:		
RELIANT SAFETY, 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: NEW YORK		
3. The date of its organization is: 07/15/2009		
And the period of its duration is: CHECK ONLY ONE BOX		
<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 CORPORATION SERVICE COMPANY		
Street Address (NOT a P.O. Box) 222 JEFFERSON BOULEVARD, SUITE 200		
City/Town WARWICK	State RHODE ISLAND	Zip Code 02888
5. The 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.		
6. The address of any office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized is:		
885 SECOND AVENUE, 16 FLOOR, NEW YORK, NEW YORK 10017		

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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BY 305747

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

885 SECOND AVENUE, 16 FLOOR, NEW YORK, NEW YORK 10017

8. Management of the Limited Liability Company:

The limited liability company is managed:

☐ By its members (If you have checked this box, go to Section 9. (DO NOT fill out the chart below.)

☒ By one (1) or more managers (List managers below)

MANAGER	ADDRESS
MATHEW HOLLADAY	885 SECOND AVENUE, 16 FLOOR, NEW YORK, NEW YORK 10017
EUGENE SCHNEUR	885 SECOND AVENUE, 31 FLOOR, NEW YORK, NEW YORK 10017
MAURICE VAUGHN	6785 GATES MILLS BLVD, GATES MILLS, OH 44040
ROBERT BENNETT	885 SECOND AVENUE, 31 FLOOR, NEW YORK, NEW YORK 10017

9. This application is accompanied by a Certificate of Good Standing/Letter of Status issued by the proper officer of the state or country under the laws of which it is formed that is dated within 60 days of the filing of this document.

10. Date when this application for Certificate of Registration will be effective: **CHECK ONLY ONE BOX**

☒ Date received (Upon filing)

☐ Later effective date (Date must be no more than 30 days from the day 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

RELIANT SAFETY, LLC

Date

6/10/2017

Signature of Authorized Person

SIGN DOCUMENT HERE

State of New York
Department of State } ss:

I hereby certify, that RELIANT PROTECTION, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 07/15/2009, and that the Limited Liability Company is existing so far as shown by the records of the Department.

A Certificate of Amendment RELIANT PROTECTION, LLC, changing its name to RELIANT SAFETY, LLC, was filed 08/26/2009.



*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 07th day of June two
thousand and seventeen.*

A handwritten signature in black ink, appearing to read "B. Fitzgerald", followed by a long horizontal line.

*Brendan W. Fitzgerald
Executive Deputy Secretary of State*