| Title  |           | Individual N                               | lame  |                | Add          | ress                |         |
|--|-----------|--|---|----------------|--------------|---------------------|---------|
| 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.<br>DO NOT LIST MEMBERS  |           |  |   |                |              |                     |         |
| City or Town:  |           | NEW YORK State: NY Zip: 10022 Country: USA |   |                |              |                     |         |
| Contact Name: <u>ABEL LANDAZURI</u> Contact Title:<br>No. and Street: <u>909 THIRD AVENUE</u><br>21 FLOOR  |           |  |   |                |              |                     |         |
| -  |           |  | -   |                |              |                     |         |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:   |           |  |   |                |              |                     |         |
| City or Town:  | 21 FL     |  | State: <u>N</u>                                   | <u>Y</u> Zip:  | <u>10022</u> | Country: <u>USA</u> |         |
| No. and Street:  |           | HIRD AVENUE                                |   |                |              |                     |         |
| 5. Principal Office  | e Address |  |   |                |              |                     |         |
| REAL ESTATE  |           |  |   |                |              |                     |         |
| 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island  |           |  |   |                |              |                     | nd      |
| <u>531390</u>  |           |  |   |                |              |                     |         |
| Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.   |           |  |   |                |              |                     |         |
| ARTICLE III  |           |  |   |                |              |                     |         |
| State: <u>NY</u>   |           |  |   |                |              |                     |         |
| 3. State of Formation  |           |  |   |                |              |                     |         |
| 2. Exact Name of the Limited Liability Company <u>RELIANT REALTY SERVICES, LLC</u>   |           |  |   |                |              |                     |         |
| <b>1. ID No.</b> <u>001674616</u>  |           |  |   |                |              |                     |         |
| ANNUAL REPORT YEAR: 2018   |           |  |   |                |              |                     |         |
| In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing<br>to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-<br>16-66(b&c)) is subject to a penalty fee of \$25.00. |           |  |   |                |              |                     |         |
| Limited Liability Company<br>Annual Report<br>Filing Period: September 1 - November 1  |           |  |   |                |              |                     |         |
| HOPE   |           |  | (401) 222-304                                     | .0             |              |                     |         |
|  |           | 14<br>Provid                               | on Of Business<br>8 W. River Stu<br>dence RI 0290 | reet<br>4-2615 |              |                     |         |
|  | Sta       | te of Rhode Isla<br>Office of              | and and Prov<br>the Secretar                      |                |              | ons Fee:            | \$50.00 |

| Title |         | Individual Name             | Address   |  |  |
|-------|---------|-----------------------------|---|--|--|
|       |         | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Country |  |  |
|       | MANAGER | MATHEW HOLLADAY             | 909 THIRD AVENUE, 21 FLOOR                      |  |  |

## 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK, RI 02888

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 4 Day of February, 2019 at 11:57:09 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

By ABEL LANDAZURI

Signature of Authorized Person

Form No. 632 Revised 09/07

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