

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F20000005095

Entity Name: RELATIONALAI, INC.

Current Principal Place of Business:

2120 UNIVERSITY AVE.
BERKELEY, CA 94704

FILED
Apr 09, 2024
Secretary of State
5582301457CC

Current Mailing Address:

2120 UNIVERSITY AVE.
BERKELEY, CA 94704 US

FEI Number: 32-0542851

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title PRESIDENT
Name AREF, MOLHAM
Address 2120 UNIVERSITY AVE.
City-State-Zip: BERKELEY CA 94704

Title CHAIRMAN OF THE BOARD
Name AREF, MOLHAM
Address 2120 UNIVERSITY AVE.
City-State-Zip: BERKELEY CA 94704

Title DIRECTOR
Name HOLEN, MARGARET
Address 2120 UNIVERSITY AVE.
City-State-Zip: BERKELEY CA 94704

Title DIRECTOR
Name RIMAWI, ENIS
Address 2120 UNIVERSITY AVE.
City-State-Zip: BERKELEY CA 94704

Title DIRECTOR
Name MUGLIA, ROBERT
Address 2120 UNIVERSITY AVE.
City-State-Zip: BERKELEY CA 94704

Title SECRETARY
Name AREF, MOLHAM
Address 2120 UNIVERSITY AVE.
City-State-Zip: BERKELEY CA 94704

Title TREASURER
Name AREF, MOLHAM
Address 2120 UNIVERSITY AVE.
City-State-Zip: BERKELEY CA 94704

Title DIRECTOR
Name SOMASEGAR, SIVARAMAKICHENANE
Address 2120 UNIVERSITY AVE.
City-State-Zip: BERKELEY CA 94704

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MOLHAM AREF

PRESIDENT

04/09/2024

Electronic Signature of Signing Officer/Director Detail

Date