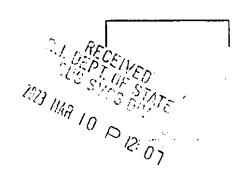
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Application for Certificate of Authority

FOREIGN Business Corporation

-> Filing Fee: \$310,00 minimum



Pursuant to the provisions of RIGL 7-1.2-1405, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is:							
WALL STREET MORTGAGE BANKERS, LTD.							
It is incorporated under the laws of: NEW YORK							
3. The name, if different, which it elects to use in Rhode Island is:							
(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:							
(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:							
4. The date of its incorporation is: 5/3/1990							
And the period of its duration is: CHECK ONE BOX ONLY Perpetual (on-going)							
Date certain for dissolution							
5. The address of its principal office is:							
1010 NORTHERN BLVD., STE. 426, GREAT NECK, NY 11021							
6. The name and address of the initial registered agent/office in Rhode Island:							
Agent Name UNISEARCH, INC.							
Street Address (NOT a P.O. Box) 222 Jefferson Boulevard, Suite 200							
City/Town Warwick	State RHODE ISLAND	Zip Code 02888					

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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FORM 150 - Revised: 12/2021

<u></u>							
7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:							
Residential mortgage lending.							
8. (a) The names and re	spective addr	resses of its directors (optional, unless d	lirectors are required under the laws of the			
state or country of which	intry of which it is incorporated):						
		1	ADDRESS				
KEITH KANTROWITZ		1010 NORTHERN BLVD., STE. 426, GREAT NECK, NY 11021					
ABRAHAM PODOLSKY		1010 NORTHERN BLVD., STE. 426, GREAT NECK, NY 11021					
RICHARD CSUKAS		1010 NORTHERN BLVD., STE. 426, GREAT NECK, NY 11021					
				Check the box to indicate an attachment			
8. (b) The names and re of the state or country o			fficers (mandator	y if directors are not required under the laws			
OFFICE		NAME		ADDRESS			
PRESIDENT	KEITH KAI	NTROWITZ	1010 NORTHE	1010 NORTHERN BLVD., STE. 426, GREAT NECK, NY 11021			
VICE PRESIDENT							
TREASURER	RICHARD CSUKAS		1010 NORTHE	1010 NORTHERN BLVD., STE. 426, GREAT NECK, NY 11021			
SECRETARY	ABRAHAM PODOLSKY		1010 NORTHE	1010 NORTHERN BLVD., STE. 426, GREAT NECK, NY 11021			
	· ····································			Check the box to indicate an attachment			
The aggregate numb par value, and series, if			issue; itemized b	by classes, par value of shares, shares without			
NUMBER OF SHARES	CLA	SS	SERIES	PAR VALUE OR STATE NO PAR VALUE			
200	COMMO)N		NO PAR VALUE			
							
40 A- calimate as a m		4					
				of the property of the corporation to be perty of the corporation to be owned during			
the following year, wher							
				ouslness to be transacted by the corporation			
at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. (Note: Percentage obtained from worksheet.)							
1000		no monnig year (10. r 0.00agu	number on workshoe,			
	I						

12. This application must be accompanied by a <u>Certificate</u> formation dated within 60 days of the date of this filing.	of Good Standin	o/Letter of Statu	is from the state or country of			
13. Date when the Certificate of Authority will be effective:	CHECK ONE BO	OX ONLY				
Date received (Upon filing)						
Later effective date (Date must be no more than 90 da	ys from the date	of filing)	······································			
Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.						
Type or Print Name of Authorized Officer	··············		Date			
KEITH KANTROWITZ			⁻ 2/8/2023			
Signature of Authorized Officer of the Corporation)				

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:

WALL STREET MORTGAGE BANKERS, LTD.

DOS ID Number:

1443874

Entity Type:

DOMESTIC BUSINESS CORPORATION

Entity Status:

EXISTING

Date of Initial Filing with DOS:

05/03/1990

Statement Status:

CURRENT

Statement Due Date:

05/31/2024

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on March 09, 2023 at 01:53 P.M.

Brandon C. Higher

ROBERT J. RODRIGUEZ, Secretary of State

By Brendan C. Hughes

Executive Deputy Secretary of State

Authentication Number: 100003108044 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov

RI SOS Filing Number: 202330438340 Date: 3/10/2023 12:07:00 PM



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:

March 10, 2023 12:07 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

