



State of Rhode Island

Department of State - Business Services Division

**Application for Certificate of Authority****FOREIGN Business Corporation**

→ Filing Fee: \$310.00 minimum

RECEIVED  
R.I. DEPT. OF STATE  
BUS. SVCS. DIV.  
2023 MAR 10 P 12:07

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.		
2. 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		
<input checked="" type="checkbox"/> Perpetual (on-going)		
<input type="checkbox"/> 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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<b>7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:</b> Residential mortgage lending.			
<b>8. (a) The names and respective addresses of its directors (optional, unless directors are required under the laws of the state or country of which it is incorporated):</b>			
<b>NAME</b>	<b>ADDRESS</b>		
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 <input type="checkbox"/>			
<b>8. (b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated):</b>			
<b>OFFICE</b>	<b>NAME</b>	<b>ADDRESS</b>	
PRESIDENT	KEITH KANTROWITZ	1010 NORTHERN BLVD., STE. 426, GREAT NECK, NY 11021	
VICE PRESIDENT			
TREASURER	RICHARD CSUKAS	1010 NORTHERN BLVD., STE. 426, GREAT NECK, NY 11021	
SECRETARY	ABRAHAM PODOLSKY	1010 NORTHERN BLVD., STE. 426, GREAT NECK, NY 11021	
Check the box to indicate an attachment <input type="checkbox"/>			
<b>9. The aggregate number of shares which it has authority to issue; itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:</b>			
<b>NUMBER OF SHARES</b>	<b>CLASS</b>	<b>SERIES</b>	<b>PAR VALUE OR STATE NO PAR VALUE</b>
200	COMMON		NO PAR VALUE
<b>10. An estimate, as a percentage, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. (Note: Percentage obtained from worksheet.)</b> <div style="margin-top: 10px;"> <span style="font-size: 2em; margin-right: 10px;">0</span> <span>%</span> </div>			
<b>11. An estimate, as a percentage, of the proportion of the gross amount of business 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.)</b> <div style="margin-top: 10px;"> <span style="font-size: 2em; margin-right: 10px;">10</span> <span>%</span> </div>			

12. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of this filing.

13. Date when the Certificate of Authority will be effective: **CHECK ONE BOX ONLY**

☒ Date received (Upon filing)

☐ Later effective date (Date must be no more than 90 days 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

KEITH KANTROWITZ

Date

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.

ROBERT J. RODRIGUEZ, Secretary of State

*Brendan C. Hughes*

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>



State of Rhode Island

**Department of State | Office of the Secretary of State**

**Gregg M. Amore**, *Secretary of State*

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

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore  
*Secretary of State*

