	State of Rhode Island
しノ	State of Rhode Island  Department of State - Business Services Division

Annual Report for the year: 2023 **Limited Liability Company** 

- → Filing period: September 1 November to 13 File 3 C = Filing Fee: \$50.00 → Penalty. Additional \$25.00 fee if form is not filed by December 1.

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1. Entity ID Number 1660834	ı	e of the Limited L	iability Company	-		
3. NAICS Code 531390	_ <del> </del>	<del> </del>	acter of business conducted	ü		
5. State of Formation Rhode Island	-			йан <b>-</b> 3		
6. Principal Office Address 909 Third Ave 21st Fl			City New York	State NY	Zip : 10022	
7. Mailing Address of Limited Li	ability Company	and Name or Tit	le of Contact Person	SAL		
Contact Name Michael Chu		-· · · · · · · · · · · · · · · · · · ·	Contact Title SVP Finance			
Street Address 909 Third Ave 2	1st FI		City New York	State NY	<sup>Zip</sup> 10022	
8. List ALL managers (names a	ind addresses) o	of the Limited Lia	bility Company, IF APPLICA	ABLE - DO NOT LIST N	MEMBERS	
Manager Name Eugene Schneu	الـ 		Manager Name			
Street Address 909 Third Ave 2			Street Address			
City New York	State NY	<sup>Zip</sup> 10022	City	State	Zip	
Manager Name	1	1	Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Z/p	
				Check the box to in	L idicate an attachment[	
9 The Resident Agent informati	on currently of re	cord with the RI	Department of State is acc	urate. Changes require	filing Form 642	
Under penalty of perjury, I dec statements, and that all stater				ng any accompanying	schedules and	
Name of Authorized Person					Date	
Michael Chu	1/31/23	1/31/23				
Signature of Authorized Person				·		

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www sos ri gov **FILED** 

APR 14 2023

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