RI SOS Filing Number: 202224379940 Date: 10/28/2022 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

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- → Filing period. September 1 November 1
- → Filing Fee \$50.00
- → Penalty: Additional \$25 00 fee if form is not filed by December 1.

Entity ID Number	ty ID Number 2. Exact name of the Limited Liability Company					
1679797	AMOURDING IIG					
3. NAICS Code	MRCHERNICK LLC  4. Brief description of the character of business conducted in Rhode Island					
3. NAICS Code	4. Brief description of the character of business conducted in knode island					
531110						
5. State of Formation						
<b>1717</b>		-m				
NY REAL EST MGT 6 Principal Office Address			City	State	Zip	
o Finicipal Office Address			City	State		
C/O P.O. Box 314			Jericho	NY	11753	
7 Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name			Contact Title			
MELISSA CHERNICK			Tax matter partner			
Street Address			City	State	Zip	
60 SIGNAL RIDGE WAY			EAST GREENWICH	RI	02818	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
		1	<u></u>	Check the box to ind	icate an attachment	
9 The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642						
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and						
statements, and that all statements contained herein are true and correct.						
Name of Authorized Person						
MELISSA CHERNICK \ \( \( \( \) \( \) \( \) \( \) \( \)					<u> </u>	
Signature of Authorized Parson						

MAIL TO:

**Division of Business Services** 

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

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