

Fill in this information to identify the case:

United States Bankruptcy Court for the:

District Of New York Eastern

(State)

Case number (if known): _____ Chapter 11☐ Check if this is an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

04/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Real Care, Inc.

2. All other names debtor used in the last 8 years

Include any assumed names, trade names, and *doing business* as names

3. Debtor's federal Employer Identification Number (EIN) 20 - 342 280 8

4. Debtor's address

Principal place of business	Mailing address, if different from principal place of business
------------------------------------	---

2625 E. 14th Street, Suite 220

Number Street

Number Street

P.O. Box

Brooklyn

City

NY

State

11235

ZIP Code

City State ZIP Code

Location of principal assets, if different from principal place of business

KINGS

County

Number Street

City State ZIP Code

5. Debtor's website (URL) www.realcare.nyc

6. Type of debtor

- ☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
☐ Partnership (excluding LLP)
☐ Other. Specify: _____

Debtor

Real Care, Inc.

Name

Case number (if known)

7. Describe debtor's business**A. Check one:**

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☐ None of the above

B. Check all that apply:

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing?**Check one:**☐ Chapter 7☐ Chapter 9☒ Chapter 11. **Check all that apply:**

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**☒ No

☐ Yes. District _____ When _____ Case number _____
MM / DD / YYYY

District _____ When _____ Case number _____
MM / DD / YYYY

If more than 2 cases, attach a separate list.

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?☒ No

☐ Yes. Debtor _____ Relationship _____
District _____ When _____
MM / DD / YYYY

Case number, if known _____

List all cases. If more than 1, attach a separate list.

Debtor

Real Care, Inc.

Name

Case number (if known)

11. Why is the case filed in this district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?☒ No☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.**Why does the property need immediate attention?** (Check all that apply.)

- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard? _____
- ☐ It needs to be physically secured or protected from the weather.
- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- ☐ Other _____

Where is the property?

Number

Street

City

State

ZIP Code

Is the property insured?☐ No☐ Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information**13. Debtor's estimation of available funds**

Check one:

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

14. Estimated number of creditors☒ 1-49☐ 50-99☐ 100-199☐ 200-999☐ 1,000-5,000☐ 5,001-10,000☐ 10,001-25,000☐ 25,001-50,000☐ 50,001-100,000☐ More than 100,000**15. Estimated assets**☐ \$0-\$50,000☐ \$50,001-\$100,000☐ \$100,001-\$500,000☒ \$500,001-\$1 million☐ \$1,000,001-\$10 million☐ \$10,000,001-\$50 million☐ \$50,000,001-\$100 million☐ \$100,000,001-\$500 million☐ \$500,000,001-\$1 billion☐ \$1,000,000,001-\$10 billion☐ \$10,000,000,001-\$50 billion☐ More than \$50 billion

Debtor Real Care, Inc. Case number (if known) _____
Name

18. Estimated liabilities

- | | | |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input checked="" type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Request for Relief, Declaration, and Signatures

WARNING — Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

- ☒ The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.
- ☒ I have been authorized to file this petition on behalf of the debtor.
- ☒ I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 10/25/2018
MM / DD / YYYY

Igor Galper
Signature of authorized representative of debtor

Igor Galper
Printed name

Title President

18. Signature of attorney

[Signature]
Signature of attorney for debtor

Date _____
MM / DD / YYYY

Douglas J. Pick, Esq.
Printed name

Pick & Zabicki LLP
Firm name

369 Lexington Avenue, 12th Floor
Number Street

New York
City

NY 10017
State ZIP Code

(212) 695-6000
Contact phone

dpick@picklaw.net
Email address

Bar number _____

State _____

UNITED STATES BANKRUPTCY COURT
District of New York Eastern

In re:

Case No. BKY

Real Care, Inc.,

Debtor(s)

Chapter 11 Case

STATEMENT REGARDING AUTHORITY TO SIGN AND FILE PETITION

I, Igor Galper, declare under penalty of perjury that I am the President of Real Care, Inc., a New York corporation and that on September 17, 2018 the following resolution was duly adopted by the Sole Director of this corporation:

"Whereas, it is in the best interest of this corporation to file a voluntary petition in the United States Bankruptcy Court pursuant to Chapter 11 of Title 11 of the United States Code;

Be It Therefore Resolved, that Igor Galper, President of this corporation, is authorized and directed to execute and deliver all documents necessary to perfect the filing of a chapter 11 voluntary bankruptcy case on behalf of the corporation; and

Be It Further Resolved, that Igor Galper, President of this corporation, is authorized and directed to appear in all bankruptcy proceedings on behalf of the corporation, and to otherwise do and perform all acts and deeds and to execute and deliver all necessary documents on behalf of the corporation in connection with such bankruptcy case; and

Be It Further Resolved, that Igor Galper, President of this corporation, is authorized and directed to employ Douglas J. Pick, Esq., attorney and the law firm of Pick & Zabicki LLP to represent the corporation in such bankruptcy case."

Executed on:	Signed: ***E signature debtor TE***
<i>Igor Galper.</i>	Igor Galper 35 Girard Court, Brooklyn, NY 11235 (Name and Address of Subscriber)

Fill in this information to identify the case:Debtor name Real Care, Inc.United States Bankruptcy Court for the: District Of New York Eastern

Case number (if known): _____

☐ Check if this is an amended filing**Official Form 204****Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders**

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an *insider*, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
1	NYS Dept. of Labor P.O. Box 15130 Albany, NY12212		Wage & Hour Audit (Estimated)	Unliquidated			\$3,000,000.00
2	Ikar International Inc. 2727 Ocean Parkway Brooklyn, NY11235		Management Services	Unliquidated Disputed			\$200,000.00
3	Mestechkin Law Group P.C. 1733 Sheepshead Bay Road Suite 29 Brooklyn, NY11235		Legal Services	Unliquidated Disputed			\$73,720.00
4	Beress & Zalkind 1001 Avenue of the Americas 11th Floor New York, NY10018		Legal/Tax Services	Unliquidated Disputed			\$25,000.00
5	Neli Ignatev See Attachment 1 350 Vanderbilt Motor Pkwy. Hauppauge, NY11788		Alleged Underpayment of Fringe Benefits	Unliquidated Disputed			\$4,810.00
6	Natalia Komarova c/o Heng Wang & Associates, P.C. 305 Broadway, Suite 1000 New York, NY10007		Alleged Labor Law Claims	Contingent Unliquidated Disputed			\$0.00
7	Alla Nesterenko c/o Virginia & Ambinder, LLLP 40 Broad Street, 7th Floor New York, NY10004		Alleged Labor Law Claims	Contingent Unliquidated Disputed			\$0.00
8	Hanna Ginzburg & Joseph Forzano c/o Alan J. Bennett, PLLC 2357 Coney Island Avenue Brooklyn, NY11223		Alleged Negligence/Breach of Fiduciary Duty Claims	Contingent Unliquidated Disputed			\$0.00

Debtor Real Care, Inc. Case number (if known) _____
Name

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

Attachment
Debtor: Real Care, Inc. Case No:

Attachment 1

c/o Feldman, Kramer & Monaco, P.C.

Fill in this information to identify the case:

Debtor name Real Care, Inc.

United States Bankruptcy Court for the: District of New York Eastern

Case number (if known): _____

☐ Check if this is an amended filing

Official Form 206Sum**Summary of Assets and Liabilities for Non-Individuals**

12/15

Part 1: Summary of Assets**1. Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from *Schedule A/B*\$ 0.00**1b. Total personal property:**Copy line 91A from *Schedule A/B*\$ 804,263.00**1c. Total of all property:**Copy line 92 from *Schedule A/B*\$ 804,263.00**Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Hold Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, at the bottom of page 1 of *Schedule D*\$ 0.00**3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 6a of *Schedule E/F*\$ 0.00**3b. Total amount of claims of non-priority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 6b of *Schedule E/F*+ \$ 3,303,530.00**4. Total liabilities**

Lines 2 + 3a + 3b

\$ 3,303,530.00

Fill in this information to identify the case:Debtor name Real Care, Inc.United States Bankruptcy Court for the: District of New York Eastern

Case number (if known): _____

☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets — Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

2. Cash on hand

\$ 0.00

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. Chase BankSavings5 0 0 1

\$ 50,000.00

3.2. See Attachment 1

\$ _____

See Attachment 2: Additional Checking, Savings, Money Market, or Financial Brokerage Accounts

4. Other cash equivalents (Identify all)

4.1. _____

\$ _____

4.2. _____

\$ _____

5. Total of Part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$ 195,000.00

Part 2: Deposits and prepayments**6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.
☒ Yes. Fill in the information below.

Current value of debtor's interest

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

7.1. Security Deposit With Landlord

\$ 8,566.00

7.2. _____

\$ _____

Debtor Real Care, Inc.
Name

Case number (if known) _____

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

8.1. _____ \$ _____

8.2. _____ \$ _____

9. Total of Part 2.

Add lines 7 through 8. Copy the total to line 81.

\$8,566.00**Part 3: Accounts receivable****10. Does the debtor have any accounts receivable?**☐ No. Go to Part 4.☒ Yes. Fill in the information below.**Current value of debtor's
interest****11. Accounts receivable**11a. 90 days old or less: \$590,197.00 - \$0.00 = → \$590,197.00
face amount doubtful or uncollectible accounts11b. Over 90 days old: \$0.00 - \$0.00 = → \$0.00
face amount doubtful or uncollectible accounts**12. Total of Part 3**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$590,197.00**Part 4: Investments****13. Does the debtor own any investments?**☒ No. Go to Part 5.☐ Yes. Fill in the information below.**Valuation method
used for current value****Current value of debtor's
interest****14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

14.1. _____ \$ _____

14.2. _____ \$ _____

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity:

% of ownership:

15.1. _____ % _____ \$ _____

15.2. _____ % _____ \$ _____

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

16.1. _____ \$ _____

16.2. _____ \$ _____

17. Total of Part 4

Add lines 14 through 16. Copy the total to line 83.

\$ _____

Debtor

Real Care, Inc.

Name

Case number (if known)

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☒ No. Go to Part 6.
- ☐ Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials				
	MM / DD / YYYY	\$		\$
20. Work in progress				
	MM / DD / YYYY	\$		\$
21. Finished goods, including goods held for resale				
	MM / DD / YYYY	\$		\$
22. Other inventory or supplies				
	MM / DD / YYYY	\$		\$
23. Total of Part 5				\$
Add lines 19 through 22. Copy the total to line 84.				

24. Is any of the property listed in Part 5 perishable?

- ☐ No
- ☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☐ No
- ☐ Yes. Book value _____ Valuation method _____ Current value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☐ No
- ☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
- ☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops—either planted or harvested			
	\$		\$
29. Farm animals <i>Examples:</i> Livestock, poultry, farm-raised fish			
	\$		\$
30. Farm machinery and equipment (Other than titled motor vehicles)			
	\$		\$
31. Farm and fishing supplies, chemicals, and feed			
	\$		\$
32. Other farming and fishing-related property not already listed in Part 6			
	\$		\$

Debtor

Real Care, Inc.

Name

Case number (if known)

33. Total of Part 6.

Add lines 28 through 32. Copy the total to line 85.

\$

34. Is the debtor a member of an agricultural cooperative?☐ No☐ Yes. Is any of the debtor's property stored at the cooperative?☐ No☐ Yes**35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?**☐ No☐ Yes. Book value \$ Valuation method Current value \$**36. Is a depreciation schedule available for any of the property listed in Part 6?**☐ No☐ Yes**37. Has any of the property listed in Part 6 been appraised by a professional within the last year?**☐ No☐ Yes**Part 7: Office furniture, fixtures, and equipment; and collectibles****38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**☐ No. Go to Part 8.☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture			
Miscellaneous Office Furnishings	\$ N/A		\$ 500.00
40. Office fixtures			
	\$		\$
41. Office equipment, including all computer equipment and communication systems equipment and software			
See Attachment 4	\$		\$
See Attachment 3: Additional Office Equipment			
42. Collectibles Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
42.1	\$		\$
42.2	\$		\$
42.3	\$		\$

43. Total of Part 7.

Add lines 39 through 42. Copy the total to line 86.

\$ 10,500.00

44. Is a depreciation schedule available for any of the property listed in Part 7?☒ No☐ Yes**45. Has any of the property listed in Part 7 been appraised by a professional within the last year?**☒ No☐ Yes

Debtor Real Care, Inc.
Name

Case number (if known) _____

Part 8: Machinery, equipment, and vehicles**46. Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☒ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
--	--	---	------------------------------------

47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles

47.1 _____	\$ _____	_____	\$ _____
47.2 _____	\$ _____	_____	\$ _____
47.3 _____	\$ _____	_____	\$ _____
47.4 _____	\$ _____	_____	\$ _____

48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

48.1 _____	\$ _____	_____	\$ _____
48.2 _____	\$ _____	_____	\$ _____

49. Aircraft and accessories

49.1 _____	\$ _____	_____	\$ _____
49.2 _____	\$ _____	_____	\$ _____

50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

_____	\$ _____	_____	\$ _____
-------	----------	-------	----------

51. Total of Part 8.

Add lines 47 through 50. Copy the total to line 87.

\$ _____

52. Is a depreciation schedule available for any of the property listed in Part 8?

- ☐ No
- ☐ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☐ No
- ☐ Yes

Debtor Real Care, Inc. Case number (if known) _____
Name

Part 9: Real property**54. Does the debtor own or lease any real property?**

- ☐ No. Go to Part 10.
☒ Yes. Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property <small>Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.</small>	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1 <u>See Attachment 5</u>	<u>Leasehold</u>	<u>\$ N/A</u>		<u>\$ 0.00</u>
55.2 _____		<u>\$ _____</u>		<u>\$ _____</u>
55.3 _____		<u>\$ _____</u>		<u>\$ _____</u>
55.4 _____		<u>\$ _____</u>		<u>\$ _____</u>
55.5 _____		<u>\$ _____</u>		<u>\$ _____</u>
55.6 _____		<u>\$ _____</u>		<u>\$ _____</u>

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

<u>\$ 0.00</u>

57. Is a depreciation schedule available for any of the property listed in Part 9?

- ☒ No
☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 10: Intangibles and Intellectual Property**59. Does the debtor have any interests in intangibles or intellectual property?**

- ☐ No. Go to Part 11.
☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. <u>Patents, copyrights, trademarks, and trade secrets</u>	<u>\$ _____</u>		<u>\$ _____</u>
61. <u>Internet domain names and websites</u> <u>www.realcare.nyc</u>	<u>\$ N/A</u>		<u>\$ 0.00</u>
62. <u>Licenses, franchises, and royalties</u>	<u>\$ _____</u>		<u>\$ _____</u>
63. <u>Customer lists, mailing lists, or other compilations</u>	<u>\$ _____</u>		<u>\$ _____</u>
64. <u>Other intangibles, or intellectual property</u>	<u>\$ _____</u>		<u>\$ _____</u>
65. <u>Goodwill</u>	<u>\$ _____</u>		<u>\$ _____</u>

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

<u>\$ 0.00</u>

Debtor Real Care, Inc. Case number (if known) _____
Name

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☒ No
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☒ No
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
☒ Yes. Fill in the information below.

Current value of
debtor's interest

71. Notes receivable

Description (include name of obligor)

Promissory Note From Urban Life LLC

\$17,000.00 — \$17,000.00 = →
Total face amount doubtful or uncollectible amount

\$0.00

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

Tax year _____ \$ _____
Tax year _____ \$ _____
Tax year _____ \$ _____

73. Interests in insurance policies or annuities

\$ _____

74. Causes of action against third parties (whether or not a lawsuit has been filed)

\$ _____

Nature of claim _____

Amount requested \$ _____

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

\$ _____

Nature of claim _____

Amount requested \$ _____

76. Trusts, equitable or future interests in property

\$ _____

77. Other property of any kind not already listed Examples: Season tickets, country club membership

See Attachment 6

\$0.00

\$ _____

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$0.00

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Debtor

Real Care, Inc.

Name

Case number (if known)

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	\$195,000.00	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$8,566.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$590,197.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$0.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment, and collectibles. <i>Copy line 43, Part 7.</i>	\$10,500.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$0.00	
88. Real property. <i>Copy line 56, Part 9.</i> →		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$0.00	
91. Total. Add lines 80 through 90 for each column. 91a.	\$804,263.00	+ 91b. \$0.00
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.		\$804,263.00

Attachment
Debtor: Real Care, Inc. Case No:

Attachment 1

Chase Bank
Checking
1833

Chase Bank
Operating
2070
145,000.00

Attachment 2: Additional Checking, Savings, Money Market, or Financial Brokerage Accounts

Institution: Chase Bank
Account Type: Operating
Last 4 Digits of Account Number: 2070
Value: \$145,000.00

Attachment 3: Additional Office Equipment

Description: Photocopier
Book Value: N/A
Value: Unknown

Attachment 4

Computers and Miscellaneous Office Equipment
N/A
10,000.00

Photocopier
N/A
Unknown

Attachment 5

2625 E. 14th Street
Brooklyn, NY

Attachment 6

Timeshare at Crown Villas Resort at Cofres, Puerto Plata, Dominican Republic

Fill in this information to identify the case:Debtor name Real Care, Inc.United States Bankruptcy Court for the: District of New York Eastern

Case number (if known): _____

☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☒ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☐ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims**2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.***Column A***Amount of claim**

Do not deduct the value of collateral.

*Column B***Value of collateral that supports this claim****2.1 Creditor's name**

Describe debtor's property that is subject to a lien

\$ _____ \$ _____

Creditor's mailing address

Describe the lien

Creditor's email address, if known

Is the creditor an insider or related party?

- ☐ No
- ☐ Yes

Date debt was incurred _____

Is anyone else liable on this claim?

Last 4 digits of account number _____

☐ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

Do multiple creditors have an interest in the same property?

- ☐ No
- ☐ Yes. Specify each creditor, including this creditor, and its relative priority.

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

2.2 Creditor's name

Describe debtor's property that is subject to a lien

\$ _____ \$ _____

Creditor's mailing address

Describe the lien

Creditor's email address, if known

Is the creditor an insider or related party?

- ☐ No
- ☐ Yes

Date debt was incurred _____

Is anyone else liable on this claim?

Last 4 digits of account number _____

☐ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

Do multiple creditors have an interest in the same property?

- ☐ No
- ☐ Yes. Have you already specified the relative priority?
- ☐ No. Specify each creditor, including this creditor, and its relative priority.

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.\$ 0.00

Fill in this information to identify the case:

Debtor Real Care, Inc.

United States Bankruptcy Court for the: District of New York Eastern

Case number _____
(If known)

☐ Check if this is an amended filing

Official Form 206E/F**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with **PRIORITY** unsecured claims and Part 2 for creditors with **NONPRIORITY** unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- ☒ No. Go to Part 2.
☐ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1 Priority creditor's name and mailing address	As of the petition filing date, the claim is: \$ _____ <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____	\$ _____
Date or dates debt was incurred	Basis for the claim:		
Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)			
2.2 Priority creditor's name and mailing address	As of the petition filing date, the claim is: \$ _____ <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____	\$ _____
Date or dates debt was incurred	Basis for the claim:		
Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)			
2.3 Priority creditor's name and mailing address	As of the petition filing date, the claim is: \$ _____ <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____	\$ _____
Date or dates debt was incurred	Basis for the claim:		
Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)			

Debtor

Real Care, Inc.

Name

Case number (if known)

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 4 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

3.1 Nonpriority creditor's name and mailing address <u>Alla Nesterenko</u> <u>c/o Virginia & Ambinder, LLLP 40 Broad Street, 7th Floor</u> <u>New York, New York 10004</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: _____ <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Alleged Labor Law Claims</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.2 Nonpriority creditor's name and mailing address <u>Beress & Zalkind</u> <u>1001 Avenue of the Americas 11th Floor</u> <u>New York, New York 10018</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$ 25,000.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Legal/Tax Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.3 Nonpriority creditor's name and mailing address <u>Current and Former Employees - For Notice Purposes Only</u> <u>See Attached List</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$ Unknown</u> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Potential Federal/State Labor Law Claims</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.4 Nonpriority creditor's name and mailing address <u>Hanna Ginzburg & Joseph Forzano</u> <u>c/o Alan J. Bennett, PLLC 2357 Coney Island Avenue</u> <u>Brooklyn, New York 11223</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$ Unknown</u> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Alleged Negligence/Breach of Fiduciary Duty Claims</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.5 Nonpriority creditor's name and mailing address <u>Ikar International Inc.</u> <u>2727 Ocean Parkway</u> <u>Brooklyn, New York 11235</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$ 200,000.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Management Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.6 Nonpriority creditor's name and mailing address <u>Mestechkin Law Group P.C.</u> <u>1733 Sheepshead Bay Road Suite 29</u> <u>Brooklyn, New York 11235</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$ 73,720.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Legal Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor

Real Care, Inc.

Case number (if known)

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.7 Nonpriority creditor's name and mailing address

Natalia Komarova

c/o Heng Wang & Associates, P.C. 305 Broadway, Suite 1000
New York, New York 10007

As of the petition filing date, the claim is:

Check all that apply.

☒ Contingent☒ Unliquidated☒ Disputed☐ Liquidated and neither contingent nor disputed

\$ Unknown

Basis for the claim: Alleged Labor Law Claims

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

☒ No☐ Yes

3.8 Nonpriority creditor's name and mailing address

Neli Ignatev

See Attachment 1

Hauppauge, New York 11788

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☒ Unliquidated☒ Disputed

\$ 4,810.00

Basis for the claim: Alleged Underpayment of Fringe Benefits

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

☒ No☐ Yes

3.9 Nonpriority creditor's name and mailing address

NYS Dept. of Labor

P.O. Box 15130

Albany, New York 12212

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☒ Unliquidated☐ Disputed

\$ 3,000,000.00

Basis for the claim: Wage & Hour Audit (Estimated)

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

☒ No☐ Yes

3.10 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

\$

Basis for the claim:

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

☐ No☐ Yes

3.11 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

\$

Basis for the claim:

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

☐ No☐ Yes

Debtor

Real Care, Inc.

Name

Case number (if known)

Part 3:**List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1. Catalano Gallardo & Petropoulos, LLP 100 Jericho Quadrangle, Suite 326 Jericho, New York 11753	Line <u>3.4</u> <input type="checkbox"/> Not listed. Explain _____	_____
4.2. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.3. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.5. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.6. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.7. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.8. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.9. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.10. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.11. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.12. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____

Debtor

Real Care, Inc.

Name

Case number (if known)

Part 4:**Total Amounts of the Priority and Nonpriority Unsecured Claims****5. Add the amounts of priority and nonpriority unsecured claims.****Total of claim amounts**

5a. Total claims from Part 1

5a.

\$0.00

5b. Total claims from Part 2

5b.

+

\$3,303,530.00

5c. Total of Parts 1 and 2

5c.

\$3,303,530.00

Lines 5a + 5b = 5c.

Attachment
Debtor: Real Care, Inc. Case No:

1. **c/o Feldman, Kramer & Monaco, P.C. 350 Vanderbilt Motor Pkwy.**

Current & Former Employees

Ella Abramov
182-63 80th Road #B
Jamaica, NY 11432

Lia Abshilava
1529 Dahill Road, Apt. A-6
Brooklyn, NY 11204

Virginia Abu Al Maati
3030 Brighton 12th Street,
Apt. 3-B
Brooklyn, NY 11235

Nadejda Acquaviva
2954 Brighton 12th Street,
Apt. H-6
Brooklyn, NY 11235

Hagar Addei
1495 Morris Avenue #3-D
Bronx, NY 10457

Ismat Akramov
420 Avenue F, Apt. 1-F
Brooklyn, NY 11218

Nilifar Akramova
2102 Bay Ridge Parkway,
2nd Floor
Brooklyn, NY 11204

Gladys Akyaa
699 Remsen Avenue, 1st Floor
Brooklyn, NY 11236

Yelena Alenikova
1599 West 10th Street,
Apt. 3-K
Brooklyn, NY 11204

Orysyia Andriyechko
1608 East 22nd Street,
1st Floor
Brooklyn, NY 11210

Collins Antwi
2334 Tiebout Avenue, Apt. 4-A
Bronx, NY 10458

Lusine Arakelian
2990 Brighton 12th Street,
Apt. 411
Brooklyn, NY 11235

Makvala Arsenashvili
45 Bay 19th Street, Apt. 3-E
Brooklyn, NY 11214

Kurshida Aritkova
3110 Brighton 7th Street,
Apt. 1-A
Brooklyn, NY 11235

Irina Arutyunyan
1310 Avenue R, Apt. 3-N
Brooklyn, NY 11229

Eugene Ash
50 East 28th Street, Apt. 12-L
New York, NY 10016

Madina Astanakulova
2038 Cropsey Avenue, Apt. 3-G
Brooklyn, NY 11214

Gloria Ama Avevor
1718 Purdy Street, Apt. 5-F
Bronx, NY 10462

Galina Azhazha
632 Ocean Parkway, Apt. 6-C
Brooklyn, NY 11230

Gulnoza Azimova
829 East 10th Street, Apt. 4-G
Brooklyn, NY 11204

Nigina Azizova
1015 Avenue N, Apt. A-5
Brooklyn, NY 11230

Mira Badalova
116-24 Park Lane South
Richmond Hill, NY 11418

Tamara Balgourova
3018 West 24th Street,
Apt. 11-K
Brooklyn, NY 11224

Oksana Balatsko
445 Beach Road
Staten Island, NY 10312

Nataliya Berezitska
3100 Ocean Parkway, Apt. E-7
Brooklyn, NY 11235

Irina Berger
2940 West 5th Street,
Apt. 15-E
Brooklyn, NY 11224

Comfort Boateng
1700 Albemarle Road
Brooklyn, NY 11226

Gift Asiedu Boateng
100 Elgar Place, Apt. 9-H
Bronx, NY 10475

Maria Bodiu
3720 Avenue L, Apt. C-3
Brooklyn, NY 11210

Yana Bortnovsky
130 Oceana Drive West,
Apt. PH-4
Brooklyn, NY 11235

Lilya Borys
357 Avenue P, Apt. E-9
Brooklyn, NY 11204

Diana Botvinnik
2814 West 8th Street,
Apt. 15-B
Brooklyn, NY 11224

Sandra Bravo Zhagui
91-10 183rd Street
Hollis, NY 11423

Lidiya Breslavets
2665 Homecrest Avenue,
Apt. 2-P
Brooklyn, NY 11235

Valentina Bulava
2728 Kings Highway, Apt. A-5
Brooklyn, NY 11229

Dali Buliskeria
2387 Ocean Avenue, Apt. 6-D
Brooklyn, NY 11229

Liuba Catan
3051 Brighton 3rd Street,
Apt. 101
Brooklyn, NY 11235

Olga Cebotari
2929 West 31st Street,
Apt. 12-J-5
Brooklyn, NY 11224

Ludmila Cebotari
1602 West 10th Street,
Apt. 6-F
Brooklyn, NY 11223

Larisa Cernokulskaia
45 Tehama Street, Apt. 2-K
Brooklyn, NY 11218

Bella Cheplanov
373 B Signs Road
Staten Island, NY 10314

Aziza Cher
2685 East 26th Street,
2nd Floor
Brooklyn, NY 11235

Ekaterina Cherkashina
1740 Ocean Avenue, Apt. 9-F
Brooklyn, NY 11230

Nadiya Cernega
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Brooklyn, NY 11214

Ivan Chornopyskyi
2940 Ocean Parkway, Apt. 21-F
Brooklyn, NY 11235

Krystyna Czuprynska
670 East 4th Street, Apt. 2
Brooklyn, NY 11218

Valentina Danilovich
115 Brightwater Court,
Apt. 2-F
Brooklyn, NY 11235

Vishno Digilova
1815 East 17th Street,
Apt. 5-B
Brooklyn, NY 11229

Shukhrat Djurakulov
1360 East 14th Street,
Apt. B-15
Brooklyn, NY 11230-5965

Tetyana Dolibska
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Brooklyn, NY 11235

Elena Dolinni
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Brooklyn, NY 11224

Mania Donguzashvili
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Apt. 5-P
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Brooklyn, NY 11204

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Zhanna Fandunyan
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Bakhora Fattokhova
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Ecida Fernandez
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Bronx, NY 10456

Lubov Furrxhi
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Brooklyn, NY 11224

Mira Gaft
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Brooklyn, NY 11235

Noila Gafurdjanova
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Brooklyn, NY 11218

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2875 Ocean Avenue, Apt. 1-A
Brooklyn, NY 11235

Inna Gankina
2645 Homecrest Avenue,
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Brooklyn, NY 11235

Jocelyn Ganthier
50 Kenilworth Pl., Apt. 1-H
Brooklyn, NY 11210

Marie S. Ganthier Saint Fort
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2069 East 12th Street,
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Feodor Garbarskiy
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Staten Island, NY 10306

Igor Gayvoronskiy
64 Dartmouth Loop
Staten Island, NY 10306

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Svetlana Gelfenboym
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Apt. 1-B
Brooklyn, NY 11235

Yelena Gelman
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Lela Genebashvili
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Svetlana Gerus
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Staten Island, NY 10308

Mariya Grach
1679 East 3rd Street, Apt. 303
Brooklyn, NY 11230

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Adrian Gul
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Apt. 109
Brooklyn, NY 11235

Nataliya Guldinskaya
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Brooklyn, NY 11224

Vyacheslav Gut
26 Cove Lane, Apt. 11-A
Brooklyn, NY 11234

Polina Gut
26 Cove Lane, Apt. 11-A
Brooklyn, NY 11234

Jurakul Haydarov
1524 Ocean Avenue, Apt. 2-A
Brooklyn, NY 11230

Mariya Holubovska
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Jackson Heights, NY 11372

Narine Hovhannisyan
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Liana Iaseshvili
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Brooklyn, NY 11210

Elena Iazeva
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Brooklyn, NY 11235

Neli Ignatev
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Brooklyn, NY 11209

Serguei Iourtchevski
24 Sloan Place, Apt. 2-D
Brooklyn, NY 11223

Zamira Isamukhamedova
3801 18th Avenue, Apt. 3-E
Brooklyn, NY 11218

Umida Islamova
3085 Brighton 13th Street,
Apt. 1-C
Brooklyn, NY 11235

Mavluda Ismailova
2757 Homecrest Avenue,
Apt. 3-D
Brooklyn, NY 11235

Rustam Istamov
2270 Ocean Avenue, Apt. 1-H
Brooklyn, NY 11229

Asia Itkin
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Brooklyn, NY 11235

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Fill in this information to identify the case:Debtor name Real Care, Inc.United States Bankruptcy Court for the: District of New York EasternCase number (if known): _____ Chapter 11☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1

State what the contract or lease is for and the nature of the debtor's interest

Commercial Real Property Lease1402 Sheepshead Bay LLC474 Fulton Avenue

State the term remaining

Through 2023HempsteadNew York11550

List the contract number of any government contract

2.2

State what the contract or lease is for and the nature of the debtor's interest

Photocopier LeaseAlexanders Business Machines2342 East 29th Street

State the term remaining

BrooklynNew York11229

List the contract number of any government contract

2.3

State what the contract or lease is for and the nature of the debtor's interest

Billing and Collection Service AgreementOrbit Services Inc.79 Beaumont Street

State the term remaining

BrooklynNew York11235

List the contract number of any government contract

2.4

State what the contract or lease is for and the nature of the debtor's interest

Payroll Service AgreementCHS Payroll, LLC544 Park Avenue

State the term remaining

BrooklynNew York11205

List the contract number of any government contract

2.5

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Fill in this information to identify the case:Debtor name Real Care, Inc.United States Bankruptcy Court for the: District of New York Eastern

Case number (if known): _____

☐ Check if this is an amended filing**Official Form 206H****Schedule H: Codebtors****12/15****Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.****1. Does the debtor have any codebtors?**

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the code debtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.**Column 1: Codebtor****Column 2: Creditor****Name****Mailing address****Name****Check all schedules that apply:**2.1 Igor Galper35 Girard Street
Street1402 Sheepshead
Bay LLC☐ D
☐ E/F
☒ GBrooklyn New York 11235
City State ZIP Code2.2 Jeff Paperman79 Beaumont Street
StreetAlexanders Business
Machines☐ D
☐ E/F
☒ GBrooklyn New York 11235
City State ZIP Code

2.3 _____

Street _____

☐ D
☐ E/F
☐ G

City _____ State _____ ZIP Code _____

2.4 _____

Street _____

☐ D
☐ E/F
☐ G

City _____ State _____ ZIP Code _____

2.5 _____

Street _____

☐ D
☐ E/F
☐ G

City _____ State _____ ZIP Code _____

2.6 _____

Street _____

☐ D
☐ E/F
☐ G

City _____ State _____ ZIP Code _____

Fill in this information to identify the case and this filing:

Debtor Name Real Care, Inc.United States Bankruptcy Court for the: District Of New York Eastern

Case number (if known): _____

Official Form 202**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING – Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *A Summary of Assets and Liabilities for Non-Individuals* (Official Form 206—Summary)
- ☐ Amended Schedule _____
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration: _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on _____
MM / DD / YYYY

Igor Galper

Signature of individual signing on behalf of debtor

Igor Galper

Printed name

President

Position or relationship to debtor

Fill in this information to identify the case:Debtor name Real Care, Inc.United States Bankruptcy Court for the: District of New York Eastern

Case number (if known): _____

☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**☐ None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue
Check all that apply

Gross revenue
(before deductions and exclusions)

From the beginning of the
fiscal year to filing date:

From 04/01/2018 to Filing date
MM/DD/YYYY

☒ Operating a business
☐ Other _____

\$ 3,700,000.00

For prior year:

From 04/01/2017 to 03/31/2018
MM/DD/YYYY MM/DD/YYYY

☒ Operating a business
☐ Other _____

\$ 9,500,734.00

For the year before that:

From 04/01/2016 to 03/31/2017
MM/DD/YYYY MM/DD/YYYY

☒ Operating a business
☐ Other _____

\$ 9,578,838.00

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None

Description of sources of revenue

Gross revenue from each
source
(before deductions and
exclusions)

From the beginning of the
fiscal year to filing date:

From _____ to Filing date
MM/DD/YYYY

_____ \$ _____

For prior year:

From _____ to _____
MM/DD/YYYY MM/DD/YYYY

_____ \$ _____

For the year before that:

From _____ to _____
MM/DD/YYYY MM/DD/YYYY

_____ \$ _____

Debtor Real Care, Inc.
Name

Case number (if known) _____

Part 2: List Certain Transfers Made Before Filing for Bankruptcy**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. <u>TO BE PROVIDED</u> Creditor's name _____ Street _____ City _____ State _____ ZIP Code _____	_____	<u>TO BE PROVIDED</u>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.2. Creditor's name _____ Street _____ City _____ State _____ ZIP Code _____	_____	\$ _____	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1. <u>Wages/Salaries in the Ordinary Course</u> Insider's name _____ Street _____ City _____ State _____ ZIP Code _____ Relationship to debtor _____	_____	<u>TO BE PROVIDED</u>	_____
4.2. Insider's name _____ Street _____ City _____ State _____ ZIP Code _____ Relationship to debtor _____	_____	\$ _____	_____

Debtor Real Care, Inc. Case number (if known) _____
 Name

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

	Creditor's name and address	Description of the property	Date	Value of property
5.1.	Creditor's name _____ Street _____ City _____ State _____ ZIP Code _____	_____	_____	\$ _____
5.1.	Creditor's name _____ Street _____ City _____ State _____ ZIP Code _____	_____	_____	\$ _____

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

	Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
	Creditor's name _____ Street _____ City _____ State _____ ZIP Code _____	_____	_____	\$ _____

Last 4 digits of account number: XXXX- _____

Part 3: Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None

	Case title	Nature of case	Court or agency's name and address	Status of case
7.1.	See Attachment 1	Labor Law Claims	Supreme Court of the State of NY Name _____ Kings County Street _____ City _____ State _____ ZIP Code _____	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
	Case number			
	153251/2017			
7.2.	See Attachment 2	Labor Law Claims	US District Court Name _____ EDNY Street _____ City _____ State _____ ZIP Code _____	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
	Case number			
	18-cv-03050			

Debtor

Real Care, Inc.
Name

Case number (if known)

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Custodian's name and address

Description of the property

Value

Custodian's name

Case title

Court name and address

Street

Name

City

State

ZIP Code

Case number

Street

Date of order or assignment

City

State

ZIP Code

Part 4: Certain Gifts and Charitable Contributions**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**☒ None

Recipient's name and address

Description of the gifts or contributions

Dates given

Value

9.1.

Recipient's name

Street

City

State

ZIP Code

Recipient's relationship to debtor

9.2.

Recipient's name

Street

City

State

ZIP Code

Recipient's relationship to debtor

Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**☒ None

Description of the property lost and how the loss occurred

Amount of payments received for the loss

Date of loss

Value of property lost

If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.

List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).

\$

Debtor

Real Care, Inc.
Name

Case number (if known)

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.1.	Pick & Zabicki LLP	\$17,500 Retainer - \$2,500 Expense Advance	9/17/2018	\$ 20,000.00
	Address 369 Lexington Avenue, 12th Floor Street New York NY 10017 City State ZIP Code Email or website address dpick@picklaw.net Who made the payment, if not debtor? _____			

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.2.				\$ _____
	Address _____ Street _____ City State ZIP Code Email or website address _____ Who made the payment, if not debtor? _____			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
			\$ _____
Trustee			

Debtor Real Care, Inc.
Name

Case number (if known) _____

13. Transfers not already listed on this statement

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None

	Who received transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1.	_____	_____	_____	\$ _____
	Address			
	Street _____			

	City _____	State _____	ZIP Code _____	
	Relationship to debtor			

13.2.	_____	_____	_____	\$ _____
	Address			
	Street _____			

	City _____	State _____	ZIP Code _____	
	Relationship to debtor			

Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

	Address	Dates of occupancy	
		From	To
14.1.	Street _____	_____	_____

	City _____	State _____	ZIP Code _____
14.2.	Street _____	From _____	To _____

	City _____	State _____	ZIP Code _____

Debtor Real Care, Inc. Case number (if known) _____
 Name

Part 8: Healthcare Bankruptcies

15. Healthcare bankruptcies

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☒ No. Go to Part 9.
☐ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1. _____ Facility name	_____	_____
_____	_____	_____
Street _____	Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.	How are records kept?
_____	_____	Check all that apply:
City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> Electronically
		<input type="checkbox"/> Paper
Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.2. _____ Facility name	_____	_____
_____	_____	_____
Street _____	Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.	How are records kept?
_____	_____	Check all that apply:
City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> Electronically
		<input type="checkbox"/> Paper

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

- ☐ No.
☒ Yes. State the nature of the information collected and retained. Medical information & Medicaid number

Does the debtor have a privacy policy about that information?

- ☐ No
☒ Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b) or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☒ No. Go to Part 10.
☐ Yes. Does the debtor serve as plan administrator?

- ☐ No. Go to Part 10.
☐ Yes. Fill in below:

Name of plan _____

Employer identification number of the plan _____

EIN: _____ - _____

Has the plan been terminated?

- ☐ No
☐ Yes

Debtor Real Care, Inc. Case number (if known) _____
 Name _____

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units
18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

	Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1.	Name _____ Street _____ City _____ State _____ ZIP Code _____	XXXX-____-____-____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____
18.2.	Name _____ Street _____ City _____ State _____ ZIP Code _____	XXXX-____-____-____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Name _____ Street _____ City _____ State _____ ZIP Code _____	_____ _____ _____ Address _____ _____	_____ _____ _____ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Name _____ Street _____ City _____ State _____ ZIP Code _____	_____ _____ _____ Address _____ _____	_____ _____ _____ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Real Care, Inc.
Name

Case number (if known) _____

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

Owner's name and address	Location of the property	Description of the property	Value
Name _____	_____	_____	\$ _____
Street _____	_____	_____	
City _____ State _____ ZIP Code _____	_____	_____	

Part 12: Details About Environmental Information

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium)
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.☒ No☐ Yes. Provide details below.

Case title	Court or agency name and address	Nature of the case	Status of case
Case number _____	Name _____	_____	<input type="checkbox"/> Pending
_____	Street _____	_____	<input type="checkbox"/> On appeal
_____	City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> Concluded

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?☒ No☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name _____	Name _____	_____	_____
Street _____	Street _____	_____	
City _____ State _____ ZIP Code _____	City _____ State _____ ZIP Code _____	_____	

Debtor Real Care, Inc. Case number (if known) _____
Name

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name _____	Name _____	_____	_____
Street _____	Street _____	_____	_____
City _____ State _____ ZIP Code _____	City _____ State _____ ZIP Code _____		

Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

	Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN. EIN: _____ Dates business existed From _____ To _____
25.1.	Name _____ Street _____ City _____ State _____ ZIP Code _____	_____ _____ _____	_____ _____ _____ From _____ To _____
25.2.	Business name and address Name _____ Street _____ City _____ State _____ ZIP Code _____	Describe the nature of the business _____ _____ _____	Employer Identification number Do not include Social Security number or ITIN. EIN: _____ Dates business existed From _____ To _____
25.3.	Business name and address Name _____ Street _____ City _____ State _____ ZIP Code _____	Describe the nature of the business _____ _____ _____	Employer Identification number Do not include Social Security number or ITIN. EIN: _____ Dates business existed From _____ To _____

Debtor Real Care, Inc.
Name

Case number (if known) _____

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address

Dates of service

26a.1. Victoria Beress
Name
1460 East 14th Street
Street
Brooklyn NY
City State ZIP Code

From 06/01/2018 To _____

Name and address

Dates of service

26a.2. NY Global Services
Name
86 Brighton Avenue
Street
Brooklyn NY
City State ZIP Code

From 01/01/2016 To 05/31/2018

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

Name and address

Dates of service

26b.1. _____
Name

Street

City State ZIP Code

From _____ To _____

Name and address

Dates of service

26b.2. _____
Name

Street

City State ZIP Code

From _____ To _____

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☒ None

Name and address

If any books of account and records are
unavailable, explain why

26c.1. _____
Name

Street

City State ZIP Code

Debtor Real Care, Inc. Case number (if known) _____
 Name _____

Name and address

If any books of account and records are
 unavailable, explain why

26c.2.

Name _____
 Street _____
 City _____ State _____ ZIP Code _____

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

Name and address

26d.2.

Name _____
 Street _____
 City _____ State _____ ZIP Code _____

Name and address

26d.2.

Name _____
 Street _____
 City _____ State _____ ZIP Code _____

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory

Date of
 inventory

The dollar amount and basis (cost, market, or
 other basis) of each inventory

_____ \$ _____

Name and address of the person who has possession of inventory records

27.1.

Name _____
 Street _____
 City _____ State _____ ZIP Code _____

Debtor Real Care, Inc. Case number (if known) _____
Name

Name of the person who supervised the taking of the inventory

Date of
inventory

The dollar amount and basis (cost, market, or
other basis) of each inventory

\$ _____

Name and address of the person who has possession of inventory records

27.2.

Name

Street

City

State

ZIP Code

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Igor Galper	35 Girard Street, Brooklyn, NY 11235	See Attachment 3	100

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☒ No

☐ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
			From _____ To _____
			From _____ To _____
			From _____ To _____
			From _____ To _____

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☐ No

☒ Yes. Identify below.

Name and address of recipient

Amount of money or
description and value of
property

Dates

Reason for
providing the value

30.1. Igor Galper		See	
Name			
35 Girard Street		Attachment 4	
Street			
Brooklyn	NY	11235	
City	State	ZIP Code	
Relationship to debtor			

Debtor

Real Care, Inc.
Name

Case number (if known)

Name and address of recipient

Name

Street

City

State

ZIP Code

Relationship to debtor

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

☒ No☐ Yes. Identify below.

Name of the parent corporation

Employer identification number of the parent corporation

EIN: _____

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

☒ No☐ Yes. Identify below.

Name of the pension fund

Employer identification number of the pension fund

EIN: _____

Part 14: Signature and Declaration

WARNING — Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both, 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

MM / DD / YYYY

38 Igor GalperPrinted name Igor Galper

Signature of individual signing on behalf of the debtor

Position or relationship to debtor PresidentAre additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?☒ No☐ Yes

Attachment
Debtor: Real Care, Inc. Case No:

Attachment 1

Alla Nesterenko, individually and o/b/o all other persons similarly situated v. Real Care, Inc.

Attachment 2

Natalia Komarova, individually and o/b/o all other persons similarly situated v. Real Care Inc.

Attachment 3

Sole Officer, Director and Shareholder - Sole Officer, Director and Shareholder

Attachment 4

Wages/Salary in the Ordinary Course

B2030 (Form 2030) (12/15)

United States Bankruptcy Court
DISTRICT OF NEW YORK EASTERN

In re
Real Care, Inc.

Case No. _____

DebtorChapter **11** _____

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept \$ **17,500.00**

Prior to the filing of this statement I have received \$ **17,500.00**

Balance Due \$ **0.00**

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☐ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

B2030 (Form 2030) (12/15)

- d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
- e. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION	
I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.	
_____ <i>Date</i>	_____ <i>Signature of Attorney</i>
	Pick & Zabicki LLP _____ <i>Name of law firm</i>

United States Bankruptcy Court
District of New York Eastern

In re **Real Care, Inc.**

Case No.

Debtor.

Chapter **11**

STATEMENT OF CORPORATE OWNERSHIP

Comes now **Real Care, Inc.** (the "Debtor") and pursuant to Fed. R. Bankr. P. 1007(a) and 7007.1 state as follows:

 All corporations that directly or indirectly own 10% or more of any class of the corporation's equity interests are listed below:

OR,

X There are no entities to report.

By: 

Douglas J. Pick, Esq.
Signature of Attorney

Counsel for
Bar no.:

Address.: **369 Lexington Avenue, 12th Floor**
New York, New York 10017

Telephone No.: **(212) 695-6000**

Fax No.: **(212) 695-6007**

E-mail address: **dpick@picklaw.net**

UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW YORK EASTERN

In Re:

Real Care, Inc.,

Debtor

Case No.

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with Rule 1007, Fed. R. Bank. P. for filing in this Chapter 11 case.

Security Holder's Registered Name and Last Known Address or Place of Business	Class of Security	Number of Securities or Percentage	Kind of Interest
Igor Galper 35 Girard Court Street Brooklyn, New York 11235	N/A	100%	Sole Shareholder

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION
OR PARTNERSHIP

I, Igor Galper, President of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date: _____

Signature: Igor Galper
Printed Name: Igor Galper
Title: President

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF NEW YORK

In Re:

Real Care, Inc.

Case No.

Chapter 11

Debtor(s)

VERIFICATION OF CREDITOR MATRIX/LIST OF CREDITORS

The undersigned debtor(s) or attorney for the debtor(s) hereby verifies that the creditor matrix/list of creditors submitted herein is true and correct to the best of his or her knowledge.

Dated:

Igor Galper.
Debtor

Joint Debtor

Attorney for Debtor