

Fill in this information to identify the case:

United States Bankruptcy Court for the:

Eastern District of N.Y.  
(State)

Case number (if known): \_\_\_\_\_ Chapter \_\_\_\_\_

CLERK  
U.S. BANKRUPTCY COURT  
EASTERN DISTRICT OF  
NEW YORK

2018 JAN -4 P 12:00

Check if this is an amended filing

RECEIVED

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

Teignmouth Hall LLC

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)

47-2057521

4. Debtor's address

Principal place of business

Mailing address, if different from principal place of business

21 Bridge Lane  
Number Street

Number Street

Port Jefferson NY 11777  
City State ZIP Code

P.O. Box

City State ZIP Code

Suffolk  
County

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

Number Street

City State ZIP Code

5. Debtor's website (URL)

6. Type of debtor

- Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
- Partnership (excluding LLP)
- Other. Specify: \_\_\_\_\_

Debtor Teignmouth Hall LLC  
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 Eastern of N.Y. When 06/30/2017 Case number 078-17-74002  
MM / DD / YYYY

If more than 2 cases, attach a separate list.

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

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

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

Case number, if known \_\_\_\_\_

Debtor Teignmouth Hall LLC  
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**

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000   | <input type="checkbox"/> 25,001-50,000     |
| <input type="checkbox"/> 50-99           | <input type="checkbox"/> 5,001-10,000  | <input type="checkbox"/> 50,001-100,000    |
| <input type="checkbox"/> 100-199         | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999         |  |  |

**15. Estimated assets**

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

Debtor Teignmouth Hall LLC  
Name

Case number (if known) \_\_\_\_\_

16. Estimated liabilities
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> \$0-\$50,000                     | <input 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 checked="" 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 01/04/2018  
MM / DD / YYYY

*[Signature]*  
Signature of authorized representative of debtor

Christopher Quinn  
Printed name

Title \_\_\_\_\_

18. Signature of attorney

\_\_\_\_\_  
Signature of attorney for debtor

Date \_\_\_\_\_  
MM / DD / YYYY

Printed name \_\_\_\_\_

Firm name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Contact phone \_\_\_\_\_ Email address \_\_\_\_\_

Bar number \_\_\_\_\_ State \_\_\_\_\_

Fill in this information to identify the case:

Debtor Teignmouth Hall LLC

United States Bankruptcy Court for the: Eastern District of NY  
(State)

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.

**2.1** Priority creditor's name and mailing address: Suffolk County Tax Collector  
330 Center Drive  
Riverhead NY 11901

Date or dates debt was incurred: \_\_\_\_\_

Last 4 digits of account number: \_\_\_\_\_

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (\_\_\_\_)

As of the petition filing date, the claim is: \$ 64,541.00

Check all that apply:  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim: \_\_\_\_\_

Is the claim subject to offset?  
 No  
 Yes

Total claim: \$ 64,541.00 Priority amount: \$ 64,541.00

**2.2** Priority creditor's name and mailing address: \_\_\_\_\_

Date or dates debt was incurred: \_\_\_\_\_

Last 4 digits of account number: \_\_\_\_\_

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (\_\_\_\_)

As of the petition filing date, the claim is: \$ \_\_\_\_\_

Check all that apply:  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim: \_\_\_\_\_

Is the claim subject to offset?  
 No  
 Yes

**2.3** Priority creditor's name and mailing address: \_\_\_\_\_

Date or dates debt was incurred: \_\_\_\_\_

Last 4 digits of account number: \_\_\_\_\_

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (\_\_\_\_)

As of the petition filing date, the claim is: \$ \_\_\_\_\_

Check all that apply:  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim: \_\_\_\_\_

Is the claim subject to offset?  
 No  
 Yes

Debtor Teignmouth Hall LLC  
 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 6 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>Amperage Electrical Supply</u> <u>P.O. Box 196</u> <u>Medford NY 11763-4316</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>37,414.00</u>
3.2	Nonpriority creditor's name and mailing address <u>Family Landscaping</u> <u>356 Atlantic Street</u> <u>Copogue NY 11726</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>4,500</u>
3.3	Nonpriority creditor's name and mailing address <u>Maria Gasparis, Esq.</u> <u>2929 Express Drive North</u> <u>Islandia NY 11749</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>For Noticing Purposes.</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>0.00</u>
3.4	Nonpriority creditor's name and mailing address <u>Pro-Style Remodeling</u> <u>2786 Ravine Place</u> <u>Bellmore NY 11710</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>29,534.00</u>
3.5	Nonpriority creditor's name and mailing address <u>PSEG Long Island</u> <u>P.O. Box 9050</u> <u>Hicksville NY 11801</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>6,587.47</u>
3.6	Nonpriority creditor's name and mailing address <u>Valente Law Group P.C.</u> <u>112 Terry Road Suite B</u> <u>Smithtown NY 11787</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>31,000.00</u>

Debtor Name Terrymanth Hall LLC

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. Nonpriority creditor's name and mailing address  
Venters Structural Concrete  
5 Broadway ~~Flap~~ Suite 304  
Troy NY 12180

As of the petition filing date, the claim is: \$ 59,631.00  
 Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed  
 Liquidated and neither contingent nor 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. 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. 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. 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. 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 Feignmonth Hall LLC.  
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. \$ 64,541.00

5b. Total claims from Part 2

5b. + \$ 168,666.47

5c. Total of Parts 1 and 2  
Lines 5a + 5b = 5c.

5c. \$ 233,207.47



UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF NEW YORK

-----X

In re:

Case No.  
Chapter

Debtor(s)

-----X

**DECLARATION OF PRO SE DEBTOR(S)**

All individuals filing for bankruptcy pro se (without an attorney), must provide the following information:

Name of Debtor(s): Teignmouth Hall LLC  
Address: 21 Bridge Lane Port Jefferson NY 11777  
Email Address: quindustries@gmail.com  
Phone Number: (212) 203 9974.

**CHECK THE APPROPRIATE RESPONSES:**

**FILING FEE:**

PAID THE FILING FEE IN FULL  
 APPLIED FOR INSTALLMENT PAYMENTS OR WAIVER OF THE FILING FEE

**PREVIOUS CASES FILED:** 1. 078-17-74002 2. \_\_\_\_\_ 3. \_\_\_\_\_  
JUNE 2017.

**ASSISTANCE WITH PAPERWORK:**

NO ASSISTANCE WITH PREPARATION OF/FILING PETITION AND SCHEDULES  
 HAD ASSISTANCE WITH PREPARATION OF/FILING PETITION AND SCHEDULES

If Debtor had assistance, the following information must be completed:

Name of individual who assisted: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: (\_\_\_\_) \_\_\_\_\_  
Amount Paid for Assistance: \$ \_\_\_\_\_

I/We hereby declare the information above under the penalty of perjury.

Dated: 1/4/2018

  
Debtor's Signature

\_\_\_\_\_  
Joint Debtor's Signature

United States Bankruptcy Court  
Eastern District of New York

In re Teignmouth Hall LLC

Debtor(s)

Case No.

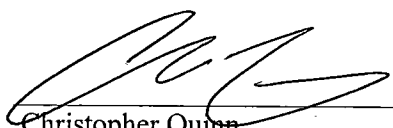
Chapter 11

**CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)**

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for Teignmouth Hall LLC in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

None [Check if applicable]

1/04/2018  
~~Christopher Quinn~~ (CQ)  
Date

  
\_\_\_\_\_  
Christopher Quinn  
Signature of Attorney or Litigant  
Counsel for Teignmouth Hall LLC

**United States Bankruptcy Court  
Eastern District of New York**

In re Teignmouth Hall LLC

Debtor(s)

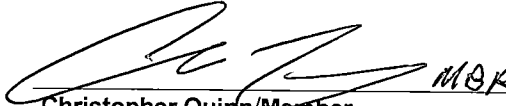
Case No.  
Chapter

11

**VERIFICATION OF CREDITOR MATRIX**

The above named debtor(s) or attorney for the debtor(s) hereby verify that the attached matrix (list of creditors) is true and correct to the best of their knowledge.

1/04/2018  
Date: ~~1/04/2018~~ (18)

 MOR  
Christopher Quina/Member  
Signer/Title

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Attorney

ABL One, LLC  
The Margolin & Weinreb Law Group LLP  
165 Eileen Way Suite 101  
Syosset, NY 11791

ABL One, LLC  
Pulvers, Pulvers, Thompson & Friedman  
950 Third Avenue  
11th Floor  
New York, NY 10022

ABL One, LLC  
66 Hudson Street  
Suite 301  
Hoboken, NJ 07030

Amperage Electrical Supply  
PO Box 196  
Medford, NY 11763-4316

Belle Terre Village  
One Cliff Road  
Port Jefferson, NY 11777

Family Landscaping  
356 Atlantic Street  
Copiague, NY 11726

GMA Mechanical  
1595 NY-112  
Suite 1  
Port Jefferson Station, NY 11776

Maria Gasparis, Esq.  
2929 Express Drive North  
Islandia, NY 11749

Pro-Style Remodeling  
2786 Ravine Place  
Bellmore, NY 11710

PSEG Long Island  
PO Box 9050  
Hicksville, NY 11801

Stacey Stelmach  
1402 Brickell Bay \$1601  
Miami, FL 33131

Suffolk County Tax Collector  
330 Center Drive  
Riverhead, NY 11901

Valente Law Group PC  
112 Terry Road  
Suite B  
Smithtown, NY 11787

Veritas Structural Concrete  
5 Broadway  
Suite 304  
Troy, NY 12180