

N.P.# 25

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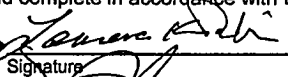
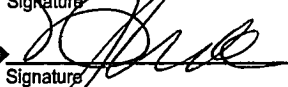
Form **CHAR410**
For new registrants only
(Amending use CHAR410-A,
Re-registering use CHAR410-R)

Registration Statement for Charitable Organizations
New York State Department of Law (Office of the Attorney General)
Charities Bureau - Registration Section
120 Broadway
New York, NY 10271
www.charitiesnys.com/

Open to Public Inspection

1. Full name of organization (exactly as it appears in your organizing document) 43NORTH BPC INC.		5. Fed. employer ID no. (EIN) 47-2878159	
2. c/o Name (if applicable)		6. Organization's website	
3. Mailing address (Number and street) 640 Ellicott Street	Room/suite	7. Primary contact John Gavigan	
City or town, state or country and ZIP+4 Buffalo, New York 14203		Title President	
4. Principal NYS address (Number and street) Same as above.	Room/suite	Phone	Fax
City or town, state or country and ZIP+4		Email	

We certify under penalties for perjury that we reviewed this Registration Statement, including all schedules and attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this statement.

	Lawrence K Rubin	Secretary	2/5/15
Signature	Printed Name	Title	Date
	Norma Nowak	Treasurer	2/5/15
Signature	Printed Name	Title	Date

If registering to solicit contributions, fee is \$25. If not registering to solicit contributions, no fee is owed.	Check <input checked="" type="checkbox"/> if you are submitting \$25 fee to register to solicit contributions.	Submit check or money order payable to "NYS Department of Law."
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Attach **all** of the following documents to this Registration Statement, even if you are claiming an exemption from registration:

- Certificate of incorporation, trust agreement or other organizing document, and any amendments; and
- Bylaws or other organizational rules, and any amendments; and
- IRS Form 1023 or 1024 Application for Recognition of Exemption (if applicable); and
- IRS tax exemption determination letter (if applicable)

Is the organization requesting exemption from registration under either or both Article 7-A or the EPTL? Yes* No
* If "Yes", complete Schedule E.

1. Incorporation / formation

a. Type of organization:

- Corporation
- Limited liability company (LLC)
- Partnership
- Sole proprietorship
- Trust
- Unincorporated association
- Other *

* If Other, describe:

b. Type of corporation if New York not-for-profit corporation

- A B C D

c. Date incorporated if a corporation or formed if other than a corporation

01/16/2015

d. State in which incorporated or formed

New York

2. List all chapters, branches and affiliates of your organization (attach additional sheets if necessary)

Name	Relationship	Mailing address (number and street, room/suite, City or town, state or country and zip+4)
43 NORTH LLC	Wholly owned subsidiary	640 Ellicott Street Buffalo, New York 14203

3. List all officers, directors, trustees and key employees

Name	Title	Mailing address (number and street, room/suite, city or town, state or country and zip+4)	End of term (if applicable)
Jordan Levy	Chairman	640 Ellicott Street Buffalo, New York 14203	___/___/___
William Maggio	Vice Chairman	60 Pineview Drive Buffalo, New York 14228	___/___/___
Laurence K. Rubin	Secretary	726 Exchange Street, Suite 800 Buffalo, New York 14210	___/___/___
Norma J. Nowak	Treasurer	701 Ellicott Street Buffalo, New York 14203	___/___/___
Trya Johnson	Director	95 Perry Street Buffalo, New York 14203	___/___/___
Allen "Pete" Grum	Director	14 Lafayette Square Buffalo, New York 14203	___/___/___
			___/___/___
			___/___/___

4. Other Names and Registration Numbers

a. List all other names used by your organization, including any prior names

N/A

b. List all prior New York State charities registration numbers for the organization, including those from the New York State Attorney General's Charities Bureau or the New York State Department of State's Office of Charities Registration

N/A

1. Month the annual accounting period ends (01-12) <p style="text-align:center">12</p>	2. NTEE code
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3. Date organization began doing each of following in New York State:

a. conducting activity	0 1 / 1 6 / 2 0 1 5
b. maintaining assets	0 1 / 1 6 / 2 0 1 5
c. soliciting contributions (including from residents, foundations, corporations, government agencies, etc.)	0 1 / 1 6 / 2 0 1 5

4. Describe the purposes of your organization

To combat community deterioration in Western NY, attract and promote businesses to and investment in Western NY, create jobs in Western NY, improve the economy of Western NY, and lessen the burdens of government by creating jobs and reducing unemployment.

5. Has your organization or any of your officers, directors, trustees or key employees been:

a. enjoined or otherwise prohibited by a government agency or court from soliciting contributions? Yes* No
* If "Yes", describe:

b. found to have engaged in unlawful practices in connection with the solicitation or administration of charitable assets? Yes* No
* If "Yes", describe:

6. Has your organization's registration or license been suspended by any government agency? Yes* No
* If "Yes", describe:

7. Does your organization solicit or intend to solicit contributions (including from residents, foundations, corporations, government agencies, etc.) in New York State? Yes* No
* If "Yes", describe the purposes for which contributions are or will be solicited:

To organize and administer a business plan competition with funding from NYS Power Authority and Empire State Development Corporation.

8. List all fund raising professionals (FRP) that your organization has engaged for fund raising activity in NY State (attach additional sheets if necessary)

Name	Type of FRP (see instructions for definitions)	Mailing address (number and street, room/suite, city or town, state or country and zip+4)	Dates of contract
	PFR <input type="checkbox"/> FRC <input type="checkbox"/> CCV <input type="checkbox"/>		Start date: ___/___/___ End date: ___/___/___
	PFR <input type="checkbox"/> FRC <input type="checkbox"/> CCV <input type="checkbox"/>		Start date: ___/___/___ End date: ___/___/___
	PFR <input type="checkbox"/> FRC <input type="checkbox"/> CCV <input type="checkbox"/>		Start date: ___/___/___ End date: ___/___/___

1. If applicable, list the date your organization:

a. applied for tax exempt status ___/___/___

b. was granted tax exempt status ___/___/___

c. was denied tax exempt status ___/___/___

d. had its tax exempt status revoked ___/___/___

2. Provide Internal Revenue Code provision: 501(c)(___)