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Top Hat Plan Exemption
Pension and Welfare Benefits Administration
Room N-5644
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, D.C. 20210

2520222410015

Dear Sir or Madam:

The purpose of this letter is to provide alternative single filing compliance with reporting and disclosure requirements regarding Nonqualified Top Hat Plans under Part I of Title I of ERISA. This filing is intended to comply with Department of Labor Regulations Section 2520.104-23:

- A. Name and Address of Employer:
Rotavele Elevator Inc.
414 SENECA AVENUE
RIDGEWOOD, NY 11385
- B. Employer Identification Number: 11-3334430
- C. Rotavele Elevator Inc. maintains the following plans for a select group of management or highly compensated employees:
1. Rotavele Elevator Inc. Nonqualified Defined Contribution Plan
Number of Participants: 35

In accordance with Section 104(a)(1) of ERISA, the Employer will provide Plan documents to the Secretary of Labor upon request.

Very truly yours,

Rotavele Elevator Inc.

By: [Signature]
(signature of authorized representative)

Name: Ryan Parca
(print)

Title: VP



EQUITABLE
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