



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

Annual Report for the year: **2020**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

JAN 22 2020

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R.I. DEPT. OF STATE
BUS SVCS DIVBY 2294 2020 JAN 22 AM 10:54
DS

1. Entity ID Number 58916		2. Exact name of the Corporation Spitz-Weiss Realtors, Inc.			
3. Principal Office Address 785 Hope Street		City Providence		State RI	Zip 02906
4. NAICS Code 531110	6. Brief description of the character of business conducted in Rhode Island Buy and sell real estate, act as broker				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jonathan Weiss			Vice-President Name Jonathan Weiss		
Street Address 36 Branch Avenue			Street Address 36 Branch Avenue		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
Secretary Name Jonathan Weiss			Treasurer Name Howard Weiss		
Street Address 36 Branch Avenue			Street Address 36 Branch Avenue		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Howard Weiss			Director Name Jonathan Weiss		
Street Address 36 Branch Avenue			Street Address 785 Hope Street		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02906
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 200	CLASS/SERIES COMMON	PAR VALUE NONE
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Representative				Date 4/2/20	
Signature of Authorized Representative					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017