



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**FILED** KM

Annual Report for the year: 2020  
 Corporation

MAR 30 2020

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

BY 1284

1. Entity ID Number <u>110706</u>		2. Exact name of the Corporation <u>Real Estate Equities Inc</u>			
3. Principal Office Address <u>8130 Landings Ln</u>		City <u>Englewood</u>	State <u>FL</u>	Zip <u>34224</u>	
4. NAICS Code <u>531210</u>		6. Brief description of the character of business conducted in Rhode Island <u>Commercial Real Estate Brokerage And Consulting</u>			
5. State of Incorporation <u>Rhode Island</u>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <u>Sanford Bilsky</u>			Vice-President Name		
Street Address <u>8130 Landings Ln</u>			Street Address		
City <u>Englewood</u>	State <u>FL</u>	Zip <u>34224</u>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			PAR VALUE		
			<u>0</u>		<u>0</u>
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 <u>Sanford Bilsky</u>				Date <u>March 11, 2020</u>	
Signature of Authorized Representative <u>Sanford Bilsky</u>				President	

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov