



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

FILED

MAR 25 2021

BY 1292

Annual Report for the year:  
 Corporation

*[Handwritten signature]*

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

1. Entity ID Number <u>1177110790</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>	City	State
	Zip <u>34224</u>		Zip
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
	Zip		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	City	State
	Zip		Zip
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
	Zip		Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>	
This information is currently of record in the Department of State.		NUMBER OF SHARES	
Changes require an additional filing.		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 22, 2021</u>	
Signature of Authorized Representative <i>[Handwritten Signature]</i>		President <i>[Handwritten Signature]</i>	

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