State of Rhode Isla Department of S	State - Busines	s Services D)ivision		FI	LED ·		
Annual Report for the year: 2024 Corporation → Filing period: February 1 - May 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31.				FEB 06 2024 BY 1643				
1. Entity ID Number 101093	2. Exact name o	2. Exact name of the Corporation WORLDWIDE REAL ESTATE, INC.						
3. Principal Office Address 33 COLLEGE HILL ROAD - SUITE 29D			City WARW	/ICK	State RI		Zip 02886	
4. NAICS Code 531110 5. State of Incorporation RHODE ISLAND				s conducted in Rhode Isl RADE REAL ESTA				
7. List ALL officers (names and addresses) President Name BRIAN FRIEDMAN				Check the box to indicate an attachment Vice-President Name GARY FRIEDMAN				
Street Address 33 COLLEGE HILL ROAD - SUITE 29D				Street Address 33 COLLEGE HILL ROAD-SUITE 29D				
City WARWICK	State R1	^{Zip} 02886	City WARWICK		IState	RI	Zip 02886	
Secretary Name BRIAN FRIEDMAN				Treasurer Name GARY FRIEDMAN				
Street Address 33 COLLEGE HILL ROAD - SUITE 29D				Street Address 33 COLLEGE HILL ROAD-SUITE 29D				
City WARWICK	State RI	^{Zip} 02886	City WAI	RWICK	State	RI	Zip 02886	
8. List ALL directors (names and			IDirector Ma	Check the bo	x to indi	cate an att	achment 🔲	
Director Name BRIAN FRIEDMAN				Director Name GARY FRIEDMAN				
Street Address 33 COLLEGE HILL ROAD - SUITE 29D				Street Address 33 COLLEGE HILL ROAD-SUITE 29D				
City WARWICK	State RI	^{Zip} 02886	City WARWICK		State	RI	^{Zip} 02886	
Director Name			Director Name					
Street Address				Street Address				
City	State	Zîp	City		State		Zip	
9. Shares Authorized		10. Shares Issue		Check the bo	x to ind	icate an att		
This information is currently of record in the Department of State.		NUMBER OF SHARES		COMM NO PAR VA		PAR VALUE		
Changes require an additional filir	ng.					 		

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. Date

Name of Authorized Representative

BRIAN FRIEDMAN, PRESIDENT

02/01/2024

Signature of Authorized Representative PRESIDENT

MAJL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov