

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

| HATE (A.Z.G.Z. /*Z.Z-3.301(C   | Gaj) is subject to a p                         | enany jee oj \$25.00.                               | refusing to file its annual report                     | within thirty (30) days aft     | er the time prescribed by    |  |
|--|--|---|--|---------------------------------|------------------------------|--|
| 1. Corporate ID No.<br><b>81900</b>  |  | 2. Name of Corporation P&G BROTHERS REALTY, INC.    |  |                                 |                              |  |
| 3. Street Address Principal Business Office 585 TIOGUE AVENUE  4. Business Phone No. 5. State of Incorp RHODE IS |  |   | Cuy<br>COVENTRY  | State<br>RI                     | <i>2φ</i><br>02816           |  |
|  |  |   | oration  |                                 |                              |  |
| 7. NAMES AND ADDR  | or organization dea                            | lling with the acquiring,                           | holding, improving, managing                           | g, leasing and developing       | real estate other than       |  |
| President Name PIERRE BOUKARIM   |  |   | Vice President Name GABY BOUKARIM                      |                                 |                              |  |
| Street Address 585 TIOGUE AVENUE   |  |   | Street Address 585 TIOGUE AVENUE                       |                                 |                              |  |
| COVENTRY   | State<br>RI                                    | <i>շւթ</i><br>02816                                 | City<br>COVENTRY                                       | State<br>RI                     | Zip<br>02816                 |  |
| Secretary Name GABY BOUKARIM   |  |   | Treasurer Name PIERRE BOUKARIM                         |                                 |                              |  |
| Street Address 585 TIOGUE AVENUE   |  |   | Street Address 585 TIOGUE AVENUE                       |                                 |                              |  |
| COVENTRY   | State<br>RI                                    | <sup>Zip</sup><br>02816                             | COVENTRY   | State<br>RI                     | <i>Ζψ</i><br>02816           |  |
| 8. NAMES AND ADDRE<br>Director Name<br>PIERRE BOUKARII   |  | CTORS: ("X" BOX FO                                  | R ATTACHMENT) THILL IN  Director Name  GABY BOUKARIM   | SPACES BEFORE USING             | G ATTACHMENTS                |  |
| Street Address 585 TIOGUE AVENUE   |  |   | Street Address 585 TIOGUE AVEN                         | UE                              |                              |  |
| City COVENTRY Director Name  | RI RI  | 02816   | City COVENTRY Director Name                            | State<br>RI                     | 02816                        |  |
| Street Address   |  |   | Street Address   |                                 |                              |  |
| City   | State  | Zip   | City   | State                           |                              |  |
| 9. SHARES AUTHORIZI AUTHORIZED SHARES  | ED ("X" BOX FOR                                | ATTACHMENT)   | 10. SHARES ISSUED                                      | ("X" BOX FOR ATTACH             |                              |  |
| Number of Shares   | Class/Series                                   | Par Value   | Number of Shares                                       | Class/Series                    | Par Value                    |  |
| 600 COMM NO PAR VALUE  |  |   | 100  | COMMON                          | NO PAR                       |  |
|  |  |   |  |                                 |                              |  |
| This report must be executive report must be executive report must be executive.                                 | cuted on behalf of th<br>uted on behalf of the | e corporation by an auth<br>corporation by the rece | norized representative. If the co<br>siver or trustee. | orporation is in the hands      | of a receiver or trustee,    |  |
|  |  |   | Under penalty of pe                                    | erjury, I declare and affirm th | at I have examined this repo |  |

File Date MAR 1 9 2008 Check No. FOR SECRETARY OF STATE USE ONLY including any accompanying schedules and statements, and that all statements contained herein are true and correct.

| Pies      | Ba | l . 8.08 |
|-----------|----|----------|
| Signature |    | Date     |

PIERRE BOUKARIM

Print or Type Name

**PRESIDENT**