



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 81900		2. Name of Corporation P&G BROTHERS REALTY, INC.			
3. Street Address Principal Business Office 585 TIOGUE AVENUE			City COVENTRY	State RI	Zip 02816
4. Business Phone No.		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island Operating a business or organization dealing with the acquiring, holding, improving, managing, leasing and developing real estate other than as a dealer of broker in real estate					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name PIERRE BOUKARIM			Vice President Name GABY BOUKARIM		
Street Address 585 TIOGUE AVENUE		Street Address 585 TIOGUE AVENUE			
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
Secretary Name GABY BOUKARIM			Treasurer Name PIERRE BOUKARIM		
Street Address 585 TIOGUE AVENUE		Street Address 585 TIOGUE AVENUE			
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name PIERRE BOUKARIM			Director Name GABY BOUKARIM		
Street Address 585 TIOGUE AVENUE		Street Address 585 TIOGUE AVENUE			
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
Director Name			Director Name		
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES					
Number of Shares		Class/Series	Par Value		
600 COMM NO PAR VALUE					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
Number of Shares		Class/Series	Par Value		
100		COMMON	NO PAR		

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.

Pierre Boukarim 2-8-08
Signature Date
PIERRE BOUKARIM
Print or Type Name
PRESIDENT
Title

File Date **FILED**
Check No. **MAR 19 2008**
By: By 053094 11:54
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