



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 2009

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. 126880		2. Name of Corporation PETERS REALTY, INC			
3. Street Address Principal Business Office 325 NEW LONDON AVE., 4B			City WARWICK	State RI	Zip 02886
4. Business Phone No. 401-751-9500		5. State of Incorporation RI			
6. Brief Description of the Character of Business Conducted in Rhode Island OWN, MANAGE AND/OR LEASE REAL ESTATE					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name GABRIEL PETERS			Vice President Name NAJAT PETERS		
Street Address 1063 MEADOWRIDGE DRIVE			Street Address 1063 MEADOWRIDGE DRIVE		
City AURORA	State IL	Zip 60504	City AURORA	State IL	Zip 60504
Secretary Name NAJAT PETERS			Treasurer Name GABRIEL PETERS		
Street Address 1063 MEADOWRIDGE DRIVE			Street Address 1063 MEADOWRIDGE DRIVE		
City AURORA	State IL	Zip 60504	City AURORA	State IL	Zip 60504
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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 ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 100	Class/Series	Par Value NO PAR
			THIS SECTION MUST BE COMPLETED		

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.

FILED
File Date
MAR 30 2009
Check No.
By **91896**
FOR SECRETARY OF STATE USE ONLY

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.

Signature

GABRIEL PETERS

Print or Type Name

PRESIDENT

Title