



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 02904-2611
401.222.3041

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

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. 157434	2. Name of Corporation Peckham, Inc.
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3. Street Address Principal Business Office P. O. Box 246	City Block Island	State RI	Zip 02807
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4. Business Phone No. 401-466-5000	5. State of Incorporation Rhode Island
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6. Brief Description of the Character of Business Conducted in Rhode Island
Property Maintenance

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Lewis H. Gaffett	Vice President Name
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Street Address P. O. Box 246	Street Address
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City Block Island	State RI	Zip 02807	City	State	Zip
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Secretary Name Lewis H. Gaffett	Treasurer Name Lewis H. Gaffett
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Street Address P. O. Box 246	Street Address P. O. Box 246
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City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
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8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Lewis H. Gaffett	Director Name
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Street Address P. O. Box 246	Street Address
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City Block Island	State RI	Zip 02807	City	State	Zip
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Director Name	Director Name
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Street Address	Street Address
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City	State	Zip	City	State	Zip
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9. SHARES AUTHORIZED **10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)**

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	Class/Series	Par Value
	100	A	No Par Value

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 29 2011**
Check No. By *MMC*
By: *6131*
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 *Lewis H. Gaffett* Date *3/10/11*
Lewis H. Gaffett
Print or Type Name
President
Title