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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: January 1 - March 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
126880	PETERS REALTY, INC.

3. Principal office address	City	State	Zip
325 NEW LONDON AVE., 4B	WARWICK	RI	02886

4. Business Phone No.	5. State of Incorporation
401-751-9500	RI

6. Brief description of the character of business conducted in Rhode Island
OWN MANAGE AND/OR LEASE REAL ESTATE

President Name	Street Address	City	State	Zip
GABRIEL PETERS	1063 MEADOWRIDGE DRIVE	AURORA	IL	60501

Vice-President Name	Street Address	City	State	Zip
NAJAT PETERS	1063 MEADOWRIDGE DRIVE	AURORA	IL	60504

Secretary Name	Street Address	City	State	Zip
NAJAT PETERS	1063 MEADOWRIDGE DRIVE	AURORA	IL	60504

Treasurer Name	Street Address	City	State	Zip
GABRIEL PETERS	1063 MEADOWRIDGE DRIVE	AURORA	IL	60504

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED (X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100		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.

[redacted]

FILED
JUL 18 2014
By 228754
AA.

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] 6/30/2014
Signature of Authorized Representative Date

GABRIEL PETERS, PRESIDENT
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

109374-10-977331