



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

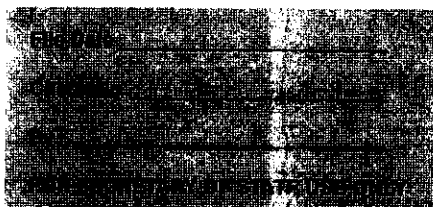
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

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. 126880		2. Exact name of the Corporation PETERS REALTY, INC.			
3. Principal office address 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					
President Name GABRIEL PETERS			Vice-President Name NAJAT PETERS		
Street Address 1063 MEADOWRIDGE DRIVE			Street Address 1063 MEADOWRIDGE DRIVE		
City AURORA	State IL	Zip 60501	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
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
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.			NUMBER OF SHARES 100		
			CLASS/SERIES NO PAR		
			PAR VALUE 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.



FILED

JUL 18 2014

By **228754**

A.A.

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 of Authorized Representative

GABRIEL PETERS, PRESIDENT

Print or Type Name of Authorized Representative

Date

6/30/2014