RI SOS Filing Number: 201604036000 Date: 08/26/2016 2:55 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2015

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

2016 AUG 26 PM 2:53 RECEIVED RHODE ISLAND SECRETARY OF STATE

1. Entity ID Number	2. Exact name of the Corporation		
000688895	**Peka, Inc.**		
3. Principal Office Address	City	State	Zip
224 Indiana Avenue	**Providence**	**RI**	**02905**
4. Business Phone Number	5. State of Incorporation		
401-345-6943	**RI**		
6. Brief description of the character of business conducted in Rhode Island			
Own Real Estate Propery Managing			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **Leoncio Rodriguez**			Vice-President Name **Patricia Vargas**		
Street Address **224 Indidana Ave**			Street Address **224 Indiana Ave**		
City **Providence**	State **RI**	Zip **02905**	City **Providence**	State **RI**	Zip **02905**
Secretary Name **Amy Rodriguez**			Treasurer Name **Rafael Taveras**		
Street Address **224 Indiana Ave**			Street Address **224 Indiana Ave**		
City **Providence**	State **RI**	Zip **02905**	City **Providence**	State **RI**	Zip **02905**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name **Rafael Taveras**			Director Name **Leoncio Rodriguez**		
Street Address **224 Indiana Ave**			Street Address **224 Indiana Ave**		
City **Providence**	State **RI**	Zip **02905**	City **Providence**	State **RI**	Zip **02905**

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
8,000	**Common Stocks**	**No-par**

11. 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.

Name of Authorized Representative	Date
Jose Taveras	**08/26/2016**

Signature of Authorized Representative

FILED

AUG 26 2016 2:55

By 282276

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov