



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.

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STATE OF RHODE ISLAND
BUSINESS SERVICES DIVISION

1. Entity ID Number 000688895		2. Exact name of the Corporation Peka, Inc.			
3. Principal Office Address 224 Indiana Avenue		City Providence		State RI	Zip 02905
4. Business Phone Number 401-345-6943		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island Own Real Estate Property 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 Indiana 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		10. Shares Issued Check the box to indicate an attachment ☐			
This information is currently of record in the Department of State. Changes require an additional filing.		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 Jose Taveras				Date 08/26/2016	
Signature of Authorized Representative 					

FILED

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

AUG 26 2016

By 282276

FORM 520 - REVISED 05/2015