



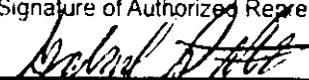
State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: **2024**

Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

REC'D RIDOS BSD
24 JAN 8 PM 2:36:09

1. Entity ID Number 000126880		2. Exact name of the Corporation PETERS REALTY, INC.			
3. Principal Office Address 325 NEW LONDON AVENUE, 4B			City WARWICK	State RI	Zip 02886
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island OWN, MANAGE AND/OR LEASE REAL ESTATE			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name GABRIEL PETERS			Vice-President Name NAJAT PETERS		
Street Address 1063 MEADOWRIDGE DRIVE			Street Address 325 NEW LONDON AVENUE, 4B		
City AURORA	State IL	Zip 60504	City WARWICK	State RI	Zip 02886
Secretary Name NAJAT PETERS			Treasurer Name GABRIEL PETERS		
Street Address 325 NEW LONDON AVENUE, 4B			Street Address 1063 MEADOWRIDGE DRIVE		
City WARWICK	State RI	Zip 02886	City AURORA	State IL	Zip 60504
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			100		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 GABRIEL PETERS, PRESIDENT				Date 1/3/2024	
Signature of Authorized Representative 					

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

FILED

JAN 08 2024
BY **FPC67**
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Form 639- Revised 04/2023