



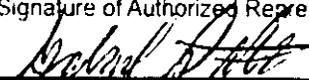
State of Rhode Island  
Department of State - Business Services Division

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 <b>000126880</b>		2. Exact name of the Corporation <b>PETERS REALTY, INC.</b>			
3. Principal Office Address <b>325 NEW LONDON AVENUE, 4B</b>			City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886</b>
4. NAICS Code <b>531110</b>		6. Brief description of the character of business conducted in Rhode Island <b>OWN, MANAGE AND/OR LEASE REAL ESTATE</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>GABRIEL PETERS</b>			Vice-President Name <b>NAJAT PETERS</b>		
Street Address <b>1063 MEADOWRIDGE DRIVE</b>			Street Address <b>325 NEW LONDON AVENUE, 4B</b>		
City <b>AURORA</b>	State <b>IL</b>	Zip <b>60504</b>	City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886</b>
Secretary Name <b>NAJAT PETERS</b>			Treasurer Name <b>GABRIEL PETERS</b>		
Street Address <b>325 NEW LONDON AVENUE, 4B</b>			Street Address <b>1063 MEADOWRIDGE DRIVE</b>		
City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886</b>	City <b>AURORA</b>	State <b>IL</b>	Zip <b>60504</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>NONE</b>			Director Name <b>NONE</b>		
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			100		PAR VALUE
					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. <b>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.</b>					
Name of Authorized Representative <b>GABRIEL PETERS, PRESIDENT</b>				Date <b>1/3/2024</b>	
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**  
**AA-2:39 PM**

Form 639- Revised 04/2023