



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: **2022**

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 2:35:15

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												
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>												
Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td></td> <td>NO PAR</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100		NO PAR			
NUMBER OF SHARES	CLASS/SERIES	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 														

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

JAN 08 2024
BY
H.A. 2:36 PM
RIS-3530 Revised: 04/2023