



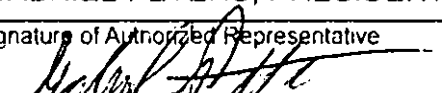
State of Rhode Island
Department of State - Business Services Division

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.

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| | | | | | |
|--|--------------------|--|--|--------------------|-------------------------|
| 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 | | CLASS/SERIES | |
| | | 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

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Revised: 04/2023