State of Rhode Island
and Providence Plantations
Office of the Secretary of State

Ammended

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008 Ammended

Filing Period: January 1 - March 1 • Filing Fee: $50.00* **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK**

**** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.***

1. Corporate ID No.	2. Name of Corporation			
00135554	First Choice Financial Group, Inc.			
3. Street Address Principal Business Office		City	State	Zip
130 Chestnut Street		North Attleboro	MA	02760
4. Business Phone No.	5. State of Incorporation			
508-809-4651	Rhode Island			

6. Brief Description of the Character of Business Conducted in Rhode Island
Mortgage Loan Broker

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name			Vice President Name		
Christopher Reale					
Street Address			Street Address		
14 Butterfly Way					
City	State	Zip	City	State	Zip
North Attleboro	MA	02760			
Secretary Name			Treasurer Name		
Christopher Reale					
Street Address			Street Address		
14 Butterfly Way					
City	State	Zip	City	State	Zip
North Attleboro	MA	02760			

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name			Director Name		
Christopher Reale					
Street Address			Street Address		
14 Butterfly Way					
City	State	Zip	City	State	Zip
North Attleboro	MA	02760			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐ — **10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐**

AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 No Par Value			600	Common	0.00

THIS SECTION MUST BE COMPLETED

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.

[redacted]

FILED
JUL 08 2008
By AMF
1:47

File Date _____
Check No. _____
By _____
FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Signature — *Date* 7/8/08

Print or Type Name

Title

Form 630 Rev. 12/06

RECEIVED
JUL 08 2008
SECRETARY OF STATE
CORPORATIONS DIV.
1:47 PM