



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 42000		2. Exact name of the Corporation First Choice Property Management, Inc.			
3. Principal office address 48 Hamlet Avenue		City Woonsocket	State RI	Zip 02895	
4. Business Phone No.		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name F. Michael DiCarli			Vice-President Name F. Michael DiCarli		
Street Address 107 Medway Street, Apt. 3			Street Address 107 Medway Street, Apt. 3		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Secretary Name F. Michael DiCarli			Treasurer Name F. Michael DiCarli		
Street Address 107 Medway Street, Apt. 3			Street Address 107 Medway Street, Apt. 3		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name F. Michael DiCarli			Director Name		
Street Address 107 Medway Street, Apt. 3			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			30	common	no par value

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.

File Date _____

FILED

Check No _____

FEB 22 2012

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

F. Michael DiCarli 2-14-12
Signature of Authorized Representative Date

F. Michael DiCarli

Print or Type Name of Authorized Representative

By [Signature]
CH #14447