



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 2013

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. <u>122931</u>		2. Exact name of the Corporation <u>1ST Choice RENTALS INC</u>			
3. Principal office address <u>1 Clinton St.</u>			City <u>Woonsocket</u>	State <u>RI</u>	Zip <u>02895</u>
4. Business Phone No. <u>401-765-4942</u>		5. State of Incorporation			
6. Brief description of the character of business conducted in Rhode Island <u>Retail & Rental of Furniture, Appliances, Electronics</u>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ('X' BOX FOR ATTACHMENT)					
President Name <u>John F. Bergeron</u>			Vice-President Name <u>NA</u>		
Street Address <u>349 Grandview Ave</u>			Street Address		
City <u>Woonsocket</u>	State <u>RI</u>	Zip <u>02895</u>	City <u>Woonsocket</u>	State <u>RI</u>	Zip <u>02895</u>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ('X' BOX FOR ATTACHMENT)					
Director Name			Director Name		
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 ('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 <u>1000</u>	CLASS/SERIES	PAR VALUE <u>1.00</u>

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 SECRETARY OF STATE
 CORPORATIONS DIV
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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: _____
 Check No: _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY

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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 of Authorized Representative: John F. Bergeron Date: 6/20/13

Print or Type Name of Authorized Representative: John F. Bergeron