



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1999**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **42000** 2. Name of Corporation **FIRST CHOICE REALTY, INC.**  
3. Street Address Principal Business Office City State Zip  
4. Business Phone No. 5. State of Incorporation **RHODE ISLAND** 6. SIC Code  
7. Brief Description of the Character of Business Conducted in Rhode Island

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

President Name Vice President Name  
Street Address Street Address  
City State Zip City State Zip  
Secretary Name Treasurer Name  
Street Address Street Address  
City State Zip City State Zip

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

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

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value

**8,000 SHS NO PAR VAL**

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES  
Number of Shares Class/Series Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 4 2 0 0 0 \*

File Date: \_\_\_\_\_

Check No.: \_\_\_\_\_

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.

Signature of Officer Date

Print or Type Name of Officer

Title of Officer

Form 31 12/96

DETACH BOTTOM BEFORE RETURNING

Please detach and mail the above section including payment in the amount of \$50.00 made payable to Secretary of State. If the registered office and/or registered agent indicated below has changed, Form 9, along with a \$20.00 fee must be filed in this office. Forms may be obtained by contacting this office at 401-222-3040.

8943

ASHTIN CAREY  
985 PARK AVENUE  
WOONSOCKET, RI 02895

RETAIN FOR YOUR RECORDS

ID: 42000

FIRST CHOICE REALTY, INC.

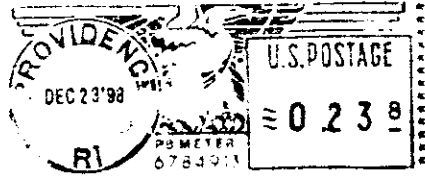
TE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
e of the Secretary of State

RETURN SERVICE  
REQUESTED

XX12/24 PROV RI028

es R. Langevin, Secretary of State

PRESORTED  
FIRST CLASS



*Handwritten signature/initials*

CARE985 028953061 1998 15 01/12/99  
RETURN TO SENDER  
CAREY GERARD J  
79 PROSPECT ST  
MANVILLE RI 02838-1013

1. AUTO 02895