



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
401-277-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998
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 **1028 Park Avenue** City **Woonsocket** State **RI** Zip **02895**
4. Business Phone No. **401-765-7300** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5502**
7. Brief Description of the Character of Business Conducted in Rhode Island **Real Estate Sales & Rentals**

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

President Name **Ashtin M. Carey** Vice President Name _____
Street Address **426 Blackstone St.** Street Address _____
City **Woonsocket** State **RI** Zip **02895** 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)

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	Class/Series	Par Value
8,000 SHS NO PAR VAL		No Par Value

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

ISSUED SHARES	Class/Series	Par Value
300	Common	None

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



File Date: **4-17-98**
Check No.: **224**
By: **AMF**
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 **Ashtin M. Carey** Date **3-01-98**
Print or Type Name of Officer **Ashtin M. Carey**
Title of Officer **President**