RI SOS Filing Number: 201856196200 Date: 1/16/2018 4:00:00 PM

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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018

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2018 JAN 16 AM 9: 45

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50 00

→ Penalty: Additional \$25.00 f	ee if form is no	ot filed by April 1.					
1 Entity ID Number	2. Exact name of the Corporation						
110492	First Realty	First Realty & Loan Company					
3. Principal Office Address			City		State	Zip	
24 Begonia Street			West Warwick	k	RI	02893	
4. NAICS Code	Brief description of the character of business conducted in Rhode Island						
531110	Engage in the Purchase, Management, Rental and Sale of Real Estate						
5. State of Incorporation	Linguage in the Farenage, management, from an area are are area.						
Rhode Island							
				Chack t	he hay to in	dicate an attachment	
List ALL officers (names and ad President Name	Vice Provided Name						
President Name Randy Bottella	Randy Βοπειία						
Street Address 24 Begonia Street			Street Address 24 Begonia Street				
City West Warwick	State RI	^{Zip} 02893	City West Warwick		State RI Zip 02893		
Secretary Name Randy Bottella	etary Name Randy Bottella			Treasurer Name Ronald Bottella			
Street Address 24 Begonia Street			Street Address 24 Begonia Street				
City West Warwick	State RI	Zip 02893	City West Warwick		State Z _{IP} 02893		
8 List ALL directors (names and addresses) Check the box to indicate an attachment							
Director Name Randy Bottella			Director Name R	Director Name Ronald Bottella			
•			Street Address				
Street Address 24 Begonia Street			2	Street Address 24 Begonia Street			
City West Warwick	State RI	Zip 02893	City West Warwick		State RI	^{Zip} 02893	
Director Name	Director Name						
Street Address			Street Address				
City	State	Zıp	City		State	Zip	
9. Shares Authorized	10. Shares Iss						
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER O	SHARES	CLASS/SERIES			
		100				No par value	
11. This report must be executed	on behalf of the	corporation by an	authorized represe	ntative. If the corpor	ation is in t	he hands of a receiver or	
trustee, this report must be executed on behalf of the corporation by the receiver or trustee.							
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.							
Name of Authorized Representative Date							
Randy Bottella (13-15-17)							
Signature of Authorized Representative SIGN DOCUMENT HELES							
MAIL TO:			JAN 1				

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos ri gov