



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

REC'D RIDOS BSD
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1. Entity ID Number 24812		2. Exact name of the Corporation First Realty Management Corp			
3. Principal Office Address 151 Tremont Street PH		City Boston		State MA	Zip 021115
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island Property Management			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name William M Kargman			Vice-President Name Kathryn Kargman Holden		
Street Address 221 Mt. Auburn Street, #703			Street Address 32 Clarendon Street		
City Cambridge	State MA	Zip 02138	City Boston	State MA	Zip 02116
Secretary Name William M Kargman			Treasurer Name Kathryn Kargman Holden		
Street Address 221 Mt. Auburn Street, #703			Street Address 32 Clarendon Street		
City Cambridge	State MA	Zip 02138	City Boston	State MA	Zip 02116
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name William M Kargman			Director Name Kathryn Kargman Holden		
Street Address 221 Mt. Auburn Street			Street Address 32 Clarendon Street		
City Cambridge	State MA	Zip 02138	City Boston	State MA	Zip 02116
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 150,000	CLASS/SERIES CNP	PAR VALUE 0
11. 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.					
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 William M Kargman					Date 12/02/2024
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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BY RTEFX

