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**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: 2022

Corporation

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

1. Entity ID Number 248123		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.		10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>	
Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		150,000		CNP 10	
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 <i>William M Kargman</i>					

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

FILED 2:59
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BY RTE FX CBP