

REC'D RIDOS BSD  
24 DEC 5 PM 2:54:27



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

Annual Report for the year: **2021**

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

FILED 2:58  
DEC 05 2024  
BY RTE FX  
