RI SOS Filing Number: 202562506550 Date: 1/13/2025 4:00:00 PM

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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
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	2. Exact name of the Corporation		
000 122 931	1ST Choice Rentals Inc.		
3. Principal Office Address	City	State	Zip
1 Clinton Street	Woonsocket	RI	02895
4. NAICS Code: 442 299	6. Brief description of the character of business conducted in Rhode Island: Retail and Lease to own: Furniture, Appliances, Electronics		
5. State of Incorporation: RI			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
John E. Bergeron	
Street Address: 349 Grandview Ave	Street Address
City: Woonsocket / State: RI / Zip: 02895	City / State / Zip
Secretary Name: John E. Bergeron	Treasurer Name
Street Address: 349 Grandview Ave	Street Address
City: Woonsocket / State: RI / Zip: 02895	City / State / Zip

8. List ALL directors (names and addresses) — Check the box to indicate an 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

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	1000	STK	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	Date
	1/13/25
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 3:17
JAN 13 2025
BY 9xmyw

FORM 630- Revised: 12/2023