



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Corporations Division  
148 W. River St.  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. <u>63093</u>		2. Name of Corporation <u>POYANT SIGNS INC.</u>			
3. Street Address Principal Business Office <u>125 SAMUEL BARNET BLVD.</u>			City <u>NEW BEDFORD</u>	State <u>MA</u>	Zip <u>02745</u>
4. Business Phone No. <u>508-995-1777</u>		5. State of Incorporation <u>MA.</u>			
6. Brief Description of the Character of Business Conducted in Rhode Island <u>MANUFACTURE AND INSTALLATION OF SIGNS</u>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <u>RICHARD V. POYANT</u>			Vice President Name		
Street Address <u>2676 ACUSHNET AVE</u>			Street Address		
City <u>NEW BEDFORD</u>	State <u>MA</u>	Zip <u>02745</u>	City	State	Zip
Secretary Name <u>John Holleran</u>			Treasurer Name		
Street Address <u>432 County street</u>			Street Address		
City <u>NEW BEDFORD</u>	State <u>MA</u>	Zip <u>02740</u>	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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 ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<del>6,500</del> 2,100	CNP	0	<del>6,500</del> 2,100	CNP	0
4,200	PWP	72.89	4,200	PWP	72.89

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CORPORATIONS DIVISION  
FEB 13 2008

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.

Gary McCoy 2/13/08  
Signature Date  
Gary McCoy  
Print or Type Name  
Regional Sales Executive  
Title

**FILED**  
FEB 11 2008  
Check No. 049619  
By: 9:32  
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