

A. Ralpb Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

2009

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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 \$.					
1. Corporate ID No.	2. Name of Corpo		C		
145225		ESSIVE DISPLAYS, IN		10.	1
3. Street Address Principal Business Office 605 Main Street			City Warren	State RI	^{Zip} 02885-0000
4. Business Phone No. 401 24	15 2909	5. State of Incorporation RI			
6. Brief Description of the C the fabrication	Character of Business Conduct and distribution of p	ed in Rhode island point of purchase display	s		
7. NAMES AND ADD President Name	RESSES OF THE OFFIC	ERS. (X BOX FOR ATTA	GHMENT) [EILL IN Vice President Name	SPACES BEFORE USING	AFTACHMENTS
Tara K. Thibaudeau			Charles A. Thib	audeau, Jr.	
Street Address 605 Main Street			Street Address 605 Main Street		
City Warren	State RI	Zip 02885-	City Warren	State RI	Zip 02885-
Secretary Name Tara K. Thiba	udeau		Treasurer Name Tara K. Thibaudeau		
Street Address 605 Main Stree	et		Street Address 605 Main Street		
City Warren	State R1	^{Zip} 02885-	Warren	State RI	2ip 02885-
8. NAMES AND ADD Director Name Tara K. Thiba		TORS: ("X" BOX FOR AT	ACHMENT) FILL L Director Name none	n spaces before using	ATTACHMENTS
Street Address 605 Main Street		Street Address none			
City Warren	State RI	^{Zip} 02885-	City none	State none	Zip none
Director Name none	••••••		Director Name none		
Street Address none		Street Address none			
City none	State none	<i>Zip</i> none	City none	State none	Zip none
9. SHARES AUTHORI	ZED			CX BOX FOR ATTACH	meņi). 🗆
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value
			100	Common	No Par
			1465 5.60		34:
		corporation by an authorize		corporation is in the hands	of a receiver or truste

this report must be executed on behalf of the corporation by the receiver or trustee.

File Date		1-2	0-09	2
Check No	terni (1) 1003) 1	ransmer be	841	
Bv:			nni	1
	FOR SECRET		ATE USE ONI	

Under penalty of perjury, I declare and affirm that I have exam	nined this report
including any accompanying schedules and statements, and th	at all statements
contained herein are true and correct.	
Att the terms	01/05/00

Id.	\d	K	Stub	audrau.		01/05/09
Signature				-	Date	

Tara K. Thibaudeau

Print or Type Name President