

**PROFIT CORPORATON  
ANNUAL REPORT**

**1996**



State of Rhode Island and Providence Plantations  
James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1–March 1  
Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 73393  
2. NAME OF CORPORATION EASTERN DISPLAY CONCEPTS, INC.  
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 2300 Hospital Trust Tower Providence RI 02903  
4. BUSINESS PHONE NO. (401) 274-7200  
5. STATE OF INCORPORATION RHODE ISLAND  
6. SIC CODE 7286

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND  
Consulting and brokering of point of purchase displays, store fixtures, and retail furnishings

8. NAMES AND ADDRESSES OF THE OFFICERS  
PRESIDENT NAME: Frederick Granoff  
VICE PRESIDENT NAME: None  
STREET ADDRESS: P.O. Box 20493  
CITY: Cranston STATE: RI ZIP CODE: 02920  
SECRETARY NAME: Robert I. Stolzman, Esq.  
TREASURER NAME: Frederick Granoff  
STREET ADDRESS: P.O. Box 20493  
CITY: Cranston STATE: RI ZIP CODE: 02920

9. NAMES AND ADDRESSES OF THE DIRECTORS  
DIRECTOR NAME: None  
DIRECTOR NAME: None  
CITY: STATE: ZIP CODE:

10. SHARES AUTHORIZED AND ISSUED			
AUTHORIZED SHARES		ISSUED SHARES	
NUMBER OF SHARES	CLASS / SERIES	NUMBER OF SHARES	CLASS / SERIES
4,000	Common	100	Common
			No Par Value

This report must be **SIGNED IN INK** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

File Date:

5/28/96

Check No:

563

By:

*[Signature]*

For Secretary of State Use Only

*[Signature]*  
Signature of Officer

ROBERT I. STOLZMAN  
Print or Type Name of Officer

SECRETARY 5-11-96  
Title of Officer Date