



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 11953		2. Exact name of the Corporation Tri-State Displays, Inc.			
3. Principal office address 100 Dexter Road		City East Providence	State RI	Zip 02914	
4. Business Phone No. 401-435-7171		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Leasing of Land for Outdoor Advertising Purposes					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Robert H. Eder			Vice-President Name Todd D. Turcotte		
Street Address 100 Dexter Road			Street Address 100 Dexter Road		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
Secretary Name Stephen J. Carlotti			Treasurer Name Barbara J. Dreyer		
Street Address 100 Dexter Road			Street Address 100 Dexter Road		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Robert H. Eder			Director Name Barbara J. Dreyer		
Street Address 139 North County Road, Suite 24			Street Address 254 Wayland Avenue, Apt. 4		
City Palm Beach	State FL	Zip 33480	City Providence	State RI	Zip 02906
Director Name Todd D. Turcotte			Director Name		
Street Address 11 Blanding Road			Street Address		
City Rehoboth	State MA	Zip 02769	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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
			500	Common	No Par Value

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JAN 09 2013

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.

Barbara J. Dreyer 01/07/2013
Signature of Authorized Representative Date

Barbara J. Dreyer, Treasurer

Print or Type Name of Authorized Representative

By *MMC*
CR # 2148