



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 2014**

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

RECEIVED  
 MAR 28 AM 9:55  
 SECRETARY OF STATE  
 CORPORATIONS DIV

1. Entity ID No. <b>18686</b>		2. Exact name of the Corporation <b>REGO DISPLAYS, INC.</b>			
3. Principal office address <b>170 SILVER LAKE Ave</b>		City <b>PROV</b>	State <b>RI</b>	Zip <b>02904</b>	
4. Business Phone No.		5. State of Incorporation <b>R.I.</b>			
6. Brief description of the character of business conducted in Rhode Island <b>Point of Purchase Display Manufacturer</b>					
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>					
President Name <b>Alfred Soave</b>			Vice-President Name <b>Joseph M Soave</b>		
Street Address <b>29 Alexander St</b>			Street Address <b>8 Redwood Dr</b>		
City <b>N PROV</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>N PROV</b>	State <b>RI</b>	Zip <b>02911</b>
Secretary Name <b>Joseph M Soave</b>			Treasurer Name <b>Joseph M Soave</b>		
Street Address <b>8 Redwood Dr.</b>			Street Address <b>8 Redwood Dr.</b>		
City <b>N PROV</b>	State <b>RI</b>	Zip <b>02911</b>	City <b>N PROV</b>	State <b>RI</b>	Zip <b>02911</b>
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>					
Director Name <b>ALFRED SOAVE</b>			Director Name <b>Joseph M Soave</b>		
Street Address <b>29 Alexander St</b>			Street Address <b>8 Redwood Dr</b>		
City <b>N PROV</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>N. PROV</b>	State <b>RI</b>	Zip <b>02911</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>9. SHARES AUTHORIZED</b>			<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)</b> <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	
<b>50</b>		<b>Common</b>		<b>No PAR</b>	

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**  
 MAR 28 2014  
 BY 221070

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.  
 Signature of Authorized Representative: Joseph M Soave Date: 3-28-14  
 Print or Type Name of Authorized Representative: Joseph M Soave V. Pres.