



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 2015

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.

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|--|--------------------|--|------------------------|---------------------|
| 1. Entity ID No. 18686 | | 2. Exact name of the Corporation Rego DISPLAYS Inc | | |
| 3. Principal office address 8 Redwood DR. | | City N. PROU | State RI | Zip 02911 |
| 4. Business Phone No. (401) 353-4751 | | 5. State of Incorporation R.I. | | |
| 6. Brief description of the character of business conducted in Rhode Island MANUFACTURE POINT OF PURCHASE DISPLAY FIGURES | | | | |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | |
| President Name ALFRED SOAVE | | Vice-President Name JOSEPH SOAVE | | |
| Street Address 29 ALEXANDER ST | | Street Address 8 Redwood DR | | |
| City N. PROU | State RI | Zip 02904 | City N. PROU | State RI |
| Secretary Name JOSEPH SOAVE | | Treasurer Name JOSEPH SOAVE | | |
| Street Address 8 Redwood DR. | | Street Address 8 Redwood DR. | | |
| City N. PROU | State RI | Zip 02911 | City N. PROU | State RI |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | |
| Director Name JOSEPA SOAVE | | Director Name ALFRED SOAVE | | |
| Street Address 8 Redwood DR. | | Street Address 29 Alexander St | | |
| City N. PROU | State RI | Zip 02911 | City N. PROU | State RI |
| Director Name | | Director Name | | |
| Street Address | | Street Address | | |
| City | State | Zip | City | State |
| 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. | | | | |
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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

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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.

Joseph M Soave **2/26/15**
 Signature of Authorized Representative Date
Joseph M Soave
 Print or Type Name of Authorized Representative