



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 2016

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. 145225		2. Exact name of the Corporation PROGRESSIVE DISPLAYS, INC.		
3. Principal office address 605 Main Street		City Warren	State RI	Zip 02885-0000
4. Business Phone No.		5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island the fabrication and distribution of point of purchase displays				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐				
President Name Tara K. Thibaudeau		Vice-President Name Charles A. Thibaudeau, Jr.		
Street Address 605 Main Street		Street Address 605 Main Street		
City Warren	State RI	Zip 02885-	City Warren	State RI
Secretary Name Tara K. Thibaudeau		Treasurer Name Tara K. Thibaudeau		
Street Address 605 Main Street		Street Address 605 Main Street		
City Warren	State RI	Zip 02885-	City Warren	State RI
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐				
Director Name Tara K. Thibaudeau		Director Name none		
Street Address 605 Main Street		Street Address none		
City Warren	State RI	Zip 02885-	City none	State none
Director Name none		Director Name none		
Street Address none		Street Address none		
City none	State none	Zip none	City none	State none
9. SHARES AUTHORIZED				
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐				
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

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:

FILED

FEB 03 2016

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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.

Tara K Thibaudeau
Signature of Authorized Representative

1/04/2016
Date

Tara K. Thibaudeau

Print or Type Name of Authorized Representative

President