



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. 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		
6. Brief description of the character of business conducted in Rhode Island MANUFACTURER Point of PURCHASE Display FICTURES					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Joseph M Soave			Vice-President Name Joseph M Soave		
Street Address 8 Redwood DR.			Street Address 8 Redwood DR.		
City N. PROU.	State RI	Zip 02911	City N. PROU	State RI	Zip 02911
Secretary Name Joseph M Soave			Treasurer Name Joseph M Soave		
Street Address 8 Redwood DR			Street Address 8 Redwood DR.		
City N. PROU	State RI	Zip 02911	City N. PROU	State RI	Zip 02911
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Joseph M Soave			Director Name		
Street Address 8 Redwood DR.			Street Address		
City N PROU	State RI	Zip 02911	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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
			50	Common	No PAR

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CORPORATIONS DIV
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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.

FILED

FEB 29 2016

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 _____
 Check No _____
 By: _____
FOR SECRETARY OF STATE USE ONLY

BY 268798 **Joseph M Soave** _____
 Signature of Authorized Representative Date
Joseph M Soave 2-29-16
 Print or Type Name of Authorized Representative