



**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.<br><b>18686</b>   |                    | 2. Exact name of the Corporation<br><b>Rego DISPLAYS INC.</b> |  |                    |                     |
| 3. Principal office address<br><b>8 Redwood DR.</b>  |                    |   | City<br><b>N. PROU.</b>  | State<br><b>RI</b> | Zip<br><b>02911</b> |
| 4. Business Phone No.<br><b>401-353-4751</b>   |                    |   | 5. State of Incorporation  |                    |                     |
| 6. Brief description of the character of business conducted in Rhode Island<br><b>MANUFACTURER Point of PURCHASE Display FICTURES</b>                      |                    |   |  |                    |                     |
| <b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>  |                    |   |  |                    |                     |
| President Name<br><b>Joseph M Soave</b>  |                    |   | Vice-President Name<br><b>Joseph M Soave</b>                               |                    |                     |
| Street Address<br><b>8 Redwood DR.</b>   |                    |   | Street Address<br><b>8 Redwood DR.</b>                                     |                    |                     |
| City<br><b>N. PROU.</b>  | State<br><b>RI</b> | Zip<br><b>02911</b>   | City<br><b>N. PROU</b>   | State<br><b>RI</b> | Zip<br><b>02911</b> |
| Secretary Name<br><b>Joseph M Soave</b>  |                    |   | Treasurer Name<br><b>Joseph M Soave</b>                                    |                    |                     |
| Street Address<br><b>8 Redwood DR</b>  |                    |   | Street Address<br><b>8 Redwood DR.</b>                                     |                    |                     |
| City<br><b>N. PROU</b>   | State<br><b>RI</b> | Zip<br><b>02911</b>   | City<br><b>N. PROU</b>   | State<br><b>RI</b> | Zip<br><b>02911</b> |
| <b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>   |                    |   |  |                    |                     |
| Director Name<br><b>Joseph M Soave</b>   |                    |   | Director Name  |                    |                     |
| Street Address<br><b>8 Redwood DR.</b>   |                    |   | Street Address   |                    |                     |
| City<br><b>N PROU</b>  | State<br><b>RI</b> | Zip<br><b>02911</b>   | City   | State              | Zip                 |
| 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>       |

**RECEIVED**  
**SECRETARY OF STATE**  
**CORPORATIONS DIV**  
**2016 FEB 29 AM 8:48**

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