



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2013
Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2017 MAR 27 PM 3:19

1. Entity ID Number 681855		2. Exact name of the Corporation SAVIN DISPLAY INC.			
3. Principal Office Address 11 South ANGEL STREET			City Providence	State RI	Zip 02906
4. NAICS Code 31-33		6. Brief description of the character of business conducted in Rhode Island DISPLAY MANUFACTURING & SALES			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Debra A. Brinton			Vice-President Name SAME		
Street Address 11 South Angel Street			Street Address		
City Providence	State RI	Zip 02916	City	State	Zip
Secretary Name SAME			Treasurer Name SAME		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name SAME			Director Name SAME		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		600		1.0	
11. 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. 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.					
Name of Authorized Representative Debra Brinton					Date 3-27-17
Signature of Authorized Representative <i>Debra A. Brinton</i>					

FILED

SIGN DOCUMENT HERE

MAR 27 2017

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

BY CA 299347 3:19