



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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R.I. DEPT. OF STATE
BUS SVCS DIV
2017 MAR 29 AM 10:25

1. Entity ID Number <u>18686</u>		2. Exact name of the Corporation <u>Rego Displays Inc</u>			
3. Principal Office Address <u>8 Redwood DR.</u>			City <u>N. PROV.</u>	State <u>R.I.</u>	Zip <u>02911</u>
4. NAICS Code <u>31-33</u>		6. Brief description of the character of business conducted in Rhode Island <u>MANUFACTURES POINT OF PURCHASE DISPLAY FIGURES</u>			
5. State of Incorporation <u>R.I.</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name <u>Joseph M. Soave</u>			Vice-President Name <u>Joseph M Soave</u>		
Street Address <u>8 Redwood DR.</u>			Street Address <u>8 Redwood DR</u>		
City <u>N PROV</u>	State <u>RI</u>	Zip <u>02911</u>	City <u>N. PROV</u>	State <u>RI</u>	Zip <u>02911</u>
Secretary Name <u>Joseph M Soave</u>			Treasurer Name <u>Joseph M Soave</u>		
Street Address <u>8 Redwood DR.</u>			Street Address <u>8 Redwood DR.</u>		
City <u>N. PROV</u>	State <u>RI</u>	Zip <u>02911</u>	City <u>N PROV</u>	State <u>RI</u>	Zip <u>02911</u>
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name <u>Joseph M Soave</u>			Director Name		
Street Address <u>8 Redwood DR.</u>			Street Address		
City <u>N. PROV</u>	State <u>RI</u>	Zip <u>02911</u>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐		
			NUMBER OF SHARES <u>150</u>	CLASS/SERIES <u>50</u>	PAR VALUE <u>0</u>
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 <u>Joseph M Soave</u>				Date <u>3-29-17</u>	
Signature of Authorized Representative <u>Joseph M Soave</u>				FILED MAR 29 2017 By <u>Le 249546</u>	

MAIL TO:

Division of Business Services

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