

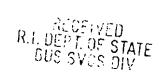
State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: 2021 Corporation

→ Filing period: January 1 - March 1

Filing Fee: \$50.00
Penalty: Additional \$25.00 fee if form is not filed by April 11



2021 FEB 26 AM 8: 57

1. Entity ID Number	Foliby ID Number						
000046912	1	DISPLAYS BY GARO, INC.					
3. Principal Office Address			City		State	Zip	
2 CAROL DRIVE			LINCOLN		RI	02865	
4. NAICS Code	6. Brief desci	Brief description of the character of business conducted in Rhode Island					
339950	MANUFACT	MANUFACTURE & DISTRIBUTE PURCHASE DISPLAYS AND VARIOUS PRODUCTS.					
5. State of Incorporation						j	
RHODE ISLAND							
7. List ALL officers (names an	d addresses)			Check	the box to in	ndicate an attachment 📋	
President Name GARY GARO	Vice President Name GARY GAROFANO						
Street Address 2 CAROL DRIN	Street Address 2 CAROL DRIVE						
City LINCOLN	State RI	Zip 02865	City LINCOLN		State RI	State RI Zip 02865	
Secretary Name GARY GAROFANO			Treasurer Name MARIE GAROFANO				
Street Address 2 CAROL DRIVE			Street Address 2 CAROL DRIVE				
City LINCOLN	State RI	Zıp <b>02865</b>	City LINCOLN		State RI	Zip 02865	
8. List ALL directors (names a	and addresses)	·····	· <b>-                                   </b>	Check	the box to i	ndicate an attachment	
Director Name GARY GAROFANO			Director Name MARIE GAROFANO				
Street Address 2 CAROL DRIVE			Street Address 2 CAROL DRIVE				
City LINCOLN	State RI	Zip <b>02865</b>	City LINCOLN		State RI	Z <sub>ip</sub> <b>02865</b>	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9 Shares Authorized		10. Shares Iss		Check	the box to u	Indicate an attachment 🔲	
This information is currently of	NUMBER OF		CLASS SERIES PAR VALUE				
Department of State.		122	122			NO PAR VALUE	
Changes require an additional	filing.						
11. This report must be execu	ited on behalf of the	corporation by an a	authorized repres	sentative. If the corpo	oration is in t	he hands of a receiver or	
trustee, this report must be ex	ecuted on behalf of	the corporation by	the receiver or tr	ustee.		-htt	
Under penalty of perjury, I c statements, and that all stat				ncluding any accor	npanying s	cnequies and	
Name of Authorized Represer					Date		
GARY GAROFANO, PRESIDENT 2-10-21							
Signature of Authorized Repro	esentative on		FILE	ED.	•	•	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri gov FEB 26 2021

my 18362