State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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2021 FEB 26 AM 8:57

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 1

1. Entity ID Number	2 Exact name of the Corporation
000046912	DISPLAYS BY GARO, INC.

3. Principal Office Address	City	State	Zip
2 CAROL DRIVE	LINCOLN	RI	02865

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
339950	MANUFACTURE & DISTRIBUTE PURCHASE DISPLAYS AND VARIOUS PRODUCTS.
5. State of Incorporation: RHODE ISLAND	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
GARY GAROFANO	2 CAROL DRIVE	LINCOLN	RI	02865

Vice President Name	Street Address	City	State	Zip
GARY GAROFANO	2 CAROL DRIVE	LINCOLN	RI	02865

Secretary Name	Street Address	City	State	Zip
GARY GAROFANO	2 CAROL DRIVE	LINCOLN	RI	02865

Treasurer Name	Street Address	City	State	Zip
MARIE GAROFANO	2 CAROL DRIVE	LINCOLN	RI	02865

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
GARY GAROFANO	2 CAROL DRIVE	LINCOLN	RI	02865

Director Name	Street Address	City	State	Zip
MARIE GAROFANO	2 CAROL DRIVE	LINCOLN	RI	02865

Director Name	Street Address	City	State	Zip

Director Name	Street Address	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	CLASS SERIES	PAR VALUE
122	COMMON	NO PAR VALUE

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	Date
GARY GAROFANO, PRESIDENT	2-10-21

Signature of Authorized Representative

FILED
FEB 26 2021

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

FORM 630 - Revised: 10/2017