



State of Rhode Island
Department of State - Business Services Division

2024

FEB 14 2024

10505 JZ

Annual Report for the year:

Corporation _____

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

| | | | | |
|--|---|---|-------------------|-------------------|
| 1. Entity ID Number 145225 | | 2. Exact name of the Corporation PROGRESSIVE DISPLAYS, INC. | | |
| 3. Principal Office Address 605 Main Street | | City Warren | State RI | Zip 02885-0000 |
| 4. NAICS Code 238390 | 6. Brief description of the character of business conducted in Rhode Island the fabrication and distribution of point of purchase displays | | | |
| 5. State of Incorporation RI | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | |
| President Tara K. Thibaudeau | | Vice President Name Charles A. Thibaudeau, Jr. | | |
| Street Address 605 Main Street | | Street Address 605 Main Street | | |
| City Warren | State RI | Zip 02885 | City Warren | State RI |
| Secretary Tara K. Thibaudeau | | Treasurer Name Tara K. Thibaudeau | | |
| Street Address 605 Main Street | | Street Address 605 Main Street | | |
| City Warren | State RI | Zip 02885 | City Warren | State RI |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | |
| Director Tara K. Thibaudeau | | Director Name none | | |
| Street Address 605 Main Street | | Street Address none | | |
| City Warren | State RI | Zip 02885 | City none | State none |
| Director none | | Director Name none | | |
| Street Address none | | Street Address none | | |
| City none | State none | Zip none | City none | State none |
| 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 |
| | | 100 | Common | No Par |
| 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 Tara K. Thibaudeau President | | | Date 1/04/2024 | |
| Signature of Authorized Representative <i>Tara K Thibaudeau</i> | | | | |

MAIL TO:
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