



State of Rhode Island

## Department of State - Business Services Division

REC'D RI SOS BSD  
24 APR 30 PM 3:24:40Annual Report for the year: 2024  
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 000046912		2. Exact name of the Corporation DISPLAYS BY GARO, INC.			
3. Principal Office Address 2 CAROL DRIVE			City LINCOLN	State RI	Zip 02865
4. NAICS Code 339950		6. Brief description of the character of business conducted in Rhode Island MANUFACTURE & DISTRIBUTE PURCHASE DISPLAYS AND VARIOUS PRODUCTS.			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name GARY GAROFANO			Vice-President Name GARY GAROFANO		
Street Address 2 CAROL DRIVE			Street Address 2 CAROL DRIVE		
City LINCOLN	State RI	Zip 02865	City LINCOLN	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	Zip 02865	City LINCOLN	State RI	Zip 02865
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name GARY GAROFANO			Director Name MARIE GAROFANO		
Street Address 2 CAROL DRIVE			Street Address 2 CAROL DRIVE		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASSIFICATION		
			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. <b>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.</b>					
Name of Authorized Representative GARY GAROFANO				Date 4-17-24	
Signature of Authorized Representative 					

APR 30 2024

MAIL TO:  
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Website: www.sos.ri.gov

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