



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:

2025

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

JAN 17 2025

BY 10677

ED

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 ☐					
President Name 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	Zip 02885-
Secretary Name 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	Zip 02885-
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Tara K. Thibaudeau			Director Name none		
Street Address 605 Main Street			Street Address none		
City Warren	State RI	Zip 02885-	City none	State none	Zip none
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip none
9. Shares Authorized Check the box to indicate an attachment ☐					
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 1/04/2025
Signature of Authorized Representative Tara K. Thibaudeau					

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov

FORM 630- Revised: 12/2023