RI SOS Filing Number: 202569660390 Date: 4/9/2025 12:18:00 PM

	State of Rhode Island Department of St	d -to Duninger Comings Division				STAMP		
Annual Report for the year: 2022 Corporation						IDO.	· ·	
Annual Report for the year: 2022 Corporation Filing period: February 1 - May 1 Filing Fee: \$50.00 Penalty: Additional \$25.00 fee if form is not filed by May 31.								
Entity ID Number 2. Exact name of the Corporation								
0005	506438	UPPER D	ARBY SIGN	I COMP	PANY			
3. Princip	pal Office Address		•	City		State	Zip	
251 B	OOT ROAD			DOWI	NGTOWN	PA	19335	
4. NAICS		6. Brief description	on of the characte	r of busines	s conducted in Rhode	sisland		
33990		Signs						
5. State of PA	5. State of incorporation							
7. List ALL officers (names and addresses) Check the box to indicate an attachment								
President Name VINCENT PROTESTO				Vice-President Name				
Street Address 213 BRYN MAWR AVENUE				Street Address				
City NE	WTOWN SQUARE	State PA	^{Zip} 19073	City		State	Zıp	
Secretary Name				Treasurer Name VINCENT PROTESTO				
Street Address				Street Address 213 BRYN MAWR AVENUE				
City		State	Zip	City NE	NTON SQUARE	State F	PA Z _{IP} 19073	
List ALL directors (names and addresses) Director Name				Check the box to indicate an attachment Director Name				
Director Name								
Street Address				Street Address				
City		State	Zip	City		State	Zıp	
Director Name			•	Director Name				
Street Add	dress			Street Address				
City		State	Zip	City	 	State	Zıp	
	s Authorized		10. Shares Issue					
This information is currently of record in the Department of State.			NUVBER OF SHARES		CLASS/SERIES		PAR VALUE	
Changes require an additional filing.			27	Common			0	
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								
VINCE PROTESTO						4/3/2	25	
Signature of Authorized Representative								
Vincent R Protesto FILED								
MAIL TO: Division of Business Services APR 0.9-2025 APR 0.9-2025								

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

Phone: (401) 222-3040 Website: www.sos.ri.gov BY WITC

FORM 630- Revised, 12/2023