RI SOS Filing Number: 202573330070 Date: 5/16/2025 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

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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.

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	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) — Check the box to indicate an attachment ☐

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

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	3-12-25

Signature of Authorized Representative

FILED
MAY 16 2025
BY 02512
EG

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: 2/2023