



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
 Office of the Secretary of State - Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>14762</b>		2. Exact name of the Corporation <b>Viking Tuxedo &amp; Uniform Co.</b>			
3. Principal office address <b>957 West Main Road</b>			City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>
4. Business Phone No. <b>(401) 849-2677</b>			5. State of Incorporation <b>Rhode Island</b>		
6. Brief description of the character of business conducted in Rhode Island <b>Tuxedo and Uniform Rental Division</b>					
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/></b>					
President Name <b>John M. Peixinho, Jr.</b>			Vice-President Name <b>Cynthia Peixinho</b>		
Street Address <b>162 Bay View Avenue</b>			Street Address <b>162 Bay View Avenue</b>		
City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>	City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>
Secretary Name <b>John M. Peixinho, Jr.</b>			Treasurer Name <b>Cynthia Peixinho</b>		
Street Address <b>See Above</b>			Street Address <b>See Above</b>		
City	State	Zip	City	State	Zip
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
Director Name <b>None</b>			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>9. SHARES AUTHORIZED</b>			<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1000	Common	\$1 Par Value

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.

File Date \_\_\_\_\_  
 Check No \_\_\_\_\_  
 By: \_\_\_\_\_  
**FOR SECRETARY OF STATE USE ONLY**

**FILED**  
 JUN 21 2013  
 3791

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.

*David F. Fox*  
 Signature of Authorized Representative  
**David F. Fox, Assistant Secretary**  
 Print or Type Name of Authorized Representative  
 Date 6/19/13

**RE: Viking Tuxedo & Uniform Co. ID #14762**

ATTACHMENT TO  
SECTION 8. - Names & Addresses of Officers

Assistant Secretary -

David F. Fox, Esq.  
LAW OFFICES OF DAVID F. FOX  
Middletown Commons  
850 Aquidneck Avenue B-11  
Middletown, RI 02842

**FILED**

JUN 21 2013

BY FD 14762