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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 2016

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.	2. Exact name of the Corporation
15223	**New England Linen Supply Co. Inc.**

3. Principal office address	City	State	Zip
20 Rhode Island Ave	**Pawtucket**	**RI**	**02860**

4. Business Phone No.	5. State of Incorporation
401-723-5498	**Rhode Island**

6. Brief description of the character of business conducted in Rhode Island
Linen Rental and Supply

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
John W. Richardson III	**5 Quincy Adams Road**	**Barrington**	**RI**	**02806**

Vice-President Name	Street Address	City	State	Zip
Neil T. Richardson	**135 Blackberry Road**	**No. Attleboro**	**MA**	**02760**

Secretary Name	Street Address	City	State	Zip
Philip M. Richardson	**49 Cedar Ridge Road**	**No. Attleboro**	**MA**	**02760**

Treasurer Name	Street Address	City	State	Zip
Gary F. Richardson	**19 Winthrop Drive**	**Barrington**	**RI**	**02806**

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
John W. Richardson III	**5 Quincy Adams Road**	**Barrington**	**RI**	**02806**

Director Name	Street Address	City	State	Zip
Neil T. Richardson	**135 Blackberry Road**	**No. Attleboro**	**MA**	**02760**

Director Name	Street Address	City	State	Zip
Philip M. Richardson	**49 Cedar Ridge Road**	**No. Attleboro**	**MA**	**02760**

Director Name	Street Address	City	State	Zip
Gary F. Richardson	**19 Winthrop Drive**	**Barrington**	**RI**	**02806**

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
600	A	50.00
5,400	B	50.00

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
DEC 21 2015
BY KL 43445

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.

12/17/15
Signature of Authorized Representative — Date

John W. Richardson III
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012
129726-9-1963305