



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. 108102		2. Exact name of the Corporation New England Industrial Uniform Rental Service, Inc.			
3. Principal office address 355 Union St		City West Springfield		State MA	Zip 01089
4. Business Phone No. 413-781-5662		5. State of Incorporation Massachusetts			
6. Brief description of the character of business conducted in Rhode Island Uniform Rental					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Michael A. Ardolino			Vice-President Name Matthew D. Ardolino		
Street Address 12 Old Farm Rd			Street Address 106 Hunters Green Circle		
City Wilbraham	State MA	Zip 01095	City Agawam	State MA	Zip 01001
Secretary Name Same as V.P.			Treasurer Name Same as V.P.		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Antonio F. Ardolino			Director Name Same as Officers		
Street Address 19 Blacksmith Rd			Street Address		
City Wilbraham	State MA	Zip 01095	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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
			2400	Common	No Par

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

FEB 19 2016

BY **71598 DS**

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.

Antonio F. Ardolino 2/16/16
Signature of Authorized Representative Date

Antonio F. Ardolino CEO

Print or Type Name of Authorized Representative