



State of Rhode Island and Providence
Plantations
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

[LOGOUT](#)

**Business Corporation
Annual Report**

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

[?](#)
Help with this form

ANNUAL REPORT YEAR:

1. Corporate ID No.

2. Name of Corporation

3. Street Address Principal Business Office:

No. and Street:

City or Town: State: Zip: Country:

4. Business Phone No.

5. State of Incorporation

State:

FILED

ARTICLE III

JAN 17 2017

Using the following NAICS codes, please select the code that best describes your business. BY

NAICS Code

6. Brief Description of the Character of Business Conducted in Rhode Island

LINEN RENTAL AND SUPPLY

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.

Delete	Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
<input type="checkbox"/>	PRESIDENT	JOHN W RICHARDSON III	5 QUINCY ADAMS ROAD BARRINGTON, RI 02806 USA
<input type="checkbox"/>	Vice President	neil thomas richardson mr	135 blackberry road north attleboro, ma 02760 us
<input type="checkbox"/>	Secretary	philip michael richardson mr	49 cedar ridge road north attleboro, ma 02760 us
<input type="checkbox"/>	Treasurer	gary francis richardson mr	19 winthrop drive barrington, ri 02806 us

Select From Below ▼ Title:

First Name: Middle Name: Last Name: Suffix:

Address: City: State: Zip: Country:

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
STK	B	\$50.0000	5,400.00	5,400.00
STK	A	\$50.0000	600.00	600.00

9. 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.

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JAN 17 2017

BY 45440 DS

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The Department of State tracks the number of new business filings on a quarterly and annual basis. By answering the following three voluntary questions, you will help us better present useful trends and information on the health of our economy.

1 Select all that apply) - Does the business owner self-identify as any of the following:

- Woman
- Veteran
- Disabled
- Member of a socially and economically disadvantaged group (i.e., as defined under the U.S. Small Business Administration's 8(a) Program: Black, Hispanic, Native American, Asian Pacific or Subcontinent Asian American)

2 How many full time employees does the business have:

- 0-5
- 6-50
- 51-200
- 201-500
- Over 500

3 What are the gross revenues for the business for the past year:

- \$0 - \$50,000
- \$51,000 - \$250,000
- \$251,000 - \$500,000
- \$501,000 - \$1,000,000
- Over \$1,000,000

Filer's Contact Information

(Enter a contact name, mailing address and email.)

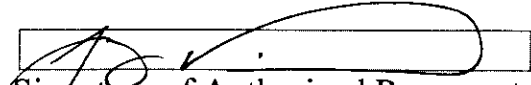
Contact Name:	<input type="text" value="gary richardson"/>	FILED JAN 17 2017
Business Name:	<input type="text" value="new england linen supply"/>	
No. and Street:	<input type="text" value="20 RHODE ISLAND AVENUE"/>	Principal Office <input type="text" value="v"/>
City or Town:	<input type="text" value="PAWTUCKET"/>	State: <input type="text" value="RI"/> Zip: <input type="text" value="02860"/> Country: <input type="text" value="USA"/>
Contact Phone:	<input type="text"/> ext: <input type="text"/>	BY <input type="text" value="45440 PS"/>
Contact Email:	<input type="text"/>	
<input type="button" value="Clear"/>		

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

Signed this 12 Day of January, 2017 at 11:12:02 AM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

FILED
JAN 17 2017
45440 PS

By


Signature of Authorized Representative of the Corporation

By selecting ACCEPT you hereby acknowledge that this electronic document is submitted in compliance with R.I. Gen. Laws § 7-1.2. You hereby agree that any legal issues or causes of action arising from the submission of this

Accept Decline

[Click HERE to Submit This Information](#)

Form No. 630
Revised 09/07

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Help

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BY _____