



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 420116	2. Exact name of the Corporation Rhode Island Uniform & Supply, Inc.			
3. Principal Office Address 1395 Atwood Avenue Suite 109		City Johnston	State RI	Zip 02919
4. NAICS Code 44-45 - Retail Trade	6. Brief description of the character of business conducted in Rhode Island To market, promote and sell uniforms and related accessories for use by employees in the public safety industry.			
5. State of Incorporation Rhode Island				
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
President Name Alan J. Weeks		Vice-President Name		
Street Address 15 Boulder View Drive		Street Address		
City Hope	State RI	Zip 02831	City	State
Secretary Name		Treasurer Name		
Street Address		Street Address		
City	State	Zip	City	State
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
Director Name Alan J. Weeks		Director Name		
Street Address 15 Boulder View Drive		Street Address		
City Hope	State RI	Zip 02831	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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 <input type="checkbox"/>		
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		100	Common	No Par
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 Alan J. Weeks			Date January 16, 2017	
Signature of Authorized Representative 				

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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JAN 23 2017

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