



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 <b>42016</b>		2. Exact name of the Corporation <b>Rhode Island Uniform &amp; Supply, Inc.</b>			
3. Principal Office Address <b>1395 Atwood Avenue Suite 109</b>		City <b>Johnston</b>		State <b>RI</b>	Zip <b>02919</b>
4. NAICS Code <b>44-45 - Retail Trade</b>	6. Brief description of the character of business conducted in Rhode Island <b>To market, promote and sell uniforms and related accessories for use by employees in the public safety industry.</b>				
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Alan J. Weeks</b>			Vice-President Name		
Street Address <b>15 Boulder View Drive</b>			Street Address		
City <b>Hope</b>	State <b>RI</b>	Zip <b>02831</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Alan J. Weeks</b>			Director Name		
Street Address <b>15 Boulder View Drive</b>			Street Address		
City <b>Hope</b>	State <b>RI</b>	Zip <b>02831</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
		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. <b>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.</b>					
Name of Authorized Representative <b>Alan J. Weeks</b>				Date <b>January 16, 2017</b>	
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

**FILED**

**JAN 23 2017**

BY

**8206 DS**

FORM 630 - Revised: 10/2016