



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

FILED

JAN 25 2017 *JZ*

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.

BY 4738

1. Entity ID Number 791051		2. Exact name of the Corporation EDWARD DEUTCH UNIFORMS, INC.			
3. Principal Office Address 365 BROADWAY			City PROVIDENCE	State R.I.	Zip 02909
4. NAICS Code 44-45 - Retail Trade	6. Brief description of the character of business conducted in Rhode Island <i>Uniform sales</i>				
5. State of Incorporation R.I.					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name RAFFAELE STANZIONE JR			Vice-President Name RAFFAELE STANZIONE JR		
Street Address 365 BROADWAY			Street Address 365 BROADWAY		
City PROVIDENCE	State R.I.	Zip 02909	City PROVIDENCE	State R.I.	Zip 02909
Secretary Name RAFFAELE STANZIONE JR			Treasurer Name RAFFAELE STANZIONE JR		
Street Address 365 BROADWAY			Street Address 365 BROADWAY		
City PROVIDENCE	State R.I.	Zip 02909	City PROVIDENCE	State R.I.	Zip 02909
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100		COMMON	NO PAR VALUE
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 RAFFAELE STANZIONE JR				Date 1-20-2017	
Signature of Authorized Representative <i>Raffaele Stanzone</i>				SIGN DOCUMENT HERE	

MAIL TO:
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Website: www.sos.ri.gov