RI SOS Filing Number: 201883460170 Date: 12/31/2018 12:05:00 PM



State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: 2018

**Limited Liability Company** 

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

R.I. DEPT. BUS 3V	LED OF STATE OS DIV	
2018 HOV 29	AM 11: 17	

1. Entity ID Number		2. Exact name of the Limited Liability Company					
001666974	UNITE	UNITEX TEXTILE SERVICES LLC					
3. NAICS Code	4. Brief descr	4. Brief description of the character of business conducted in Rhode Island					
812330	HOLDING C	HOLDING COMPANY					
5. State of Formation							
DELAWARE							
6. Principal Office Address			City	State	Zip		
101 SOUTH MACQUESTEN PARKWAY		MOUNT VERNON	NY	10550-1724			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name STEVEN L GC	ntact Name STEVEN L GOTTLIEB		Contact Title TREASURER AND SECRETARY				
Street Address 401 SOUTH M	eet Address 401 SOUTH MACQUESTEN PARKWAY		City MOUNT VERNON	State NY	<sup>Zip</sup> 10550-1724		
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name MICHAEL R P	Manager Name MICHAEL R POTACK  Manager Name DAVID J POTACK						
Street Address 401 SOUTH MACQUESTEN PARKWAY		Street Address 401 SOUTH MACQUESTEN PARKWAY					
City MOUNT VERNON	State NY	Zip 105501724	City MOUNT VERNON	State NY	<sup>Zip</sup> 105501724		
Manager Name ROBERT C POTACK			Manager Name STEVEN L GOTTLIEB				
Street Address 401 SOUTH MACQUESTEN PARKWAY			Street Address 401 SOUTH MACQUESTEN PARKWAY				
City MOUNT VERNON	State NY	<sup>Zip</sup> 105501724	City MOUNT VERNON	StateNY	<sup>Zip</sup> 105501724		
Check the box to indicate an attachment							
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.							
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 Person			Date	Date			
STEVEN L GOTTLIEB			11/21/2018				
Signature of Authorized Person SIGN DOCUMENT HERE							

MAIL TO:

148 W. River Street, Providence, Rhode Island 02904291521 Hd 18 030 8002 Phone: (401) 222-3040

Website: www.sos.rr.gov

STATE TO YRATERDES

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