



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

FILED

Annual Report for the year: 2019

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

JAN 03 2019

BY

75882
[Signature]

1. Entity ID Number 000108102		2. Exact name of the Corporation New England Industrial Uniform Rental Service, Inc.			
3. Principal Office Address 355 Union ST		City West Springfield		State MA	Zip 01089
4. NAICS Code 812990		6. Brief description of the character of business conducted in Rhode Island Uniform Rental			
5. State of Incorporation Massachusetts					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michael A. Ardolino			Vice-President Name Matthew D. Ardolino		
Street Address 12 Old Farm Rd			Street Address 106 Hunters Green Circle		
City Wilbraham	State MA	Zip 01095	City Agawam	State MA	Zip 01001
Secretary Name Same as VP			Treasurer Name Same as VP		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Antonio F. Ardolino			Director Name		
Street Address 19 Blacksmith Rd			Street Address		
City Wilbraham	State MA	Zip 01095	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		
			2400		
			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. <i>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.</i>					
Name of Authorized Representative Antonio F. Ardolino				Date 12/28/18	
Signature of Authorized Representative [Signature]				SIGN DOCUMENT HERE	

MAIL TO:

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