



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

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.

FILED

JAN 09 2019

BY 6251
EDM

1. Entity ID Number <u>791051</u>		2. Exact name of the Corporation <u>EDWARD DEUTCH UNIFORMS INC.</u>										
3. Principal Office Address <u>365 BROADWAY</u>		City <u>PROVIDENCE</u>	State <u>RI</u>									
		Zip <u>02909</u>										
4. NAICS Code <u>448190</u>	6. Brief description of the character of business conducted in Rhode Island <u>UNIFORMS</u>											
5. State of Incorporation <u>RI</u>												
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>												
President Name <u>RAFFAELE STANZIONE JR</u>		Vice-President Name <u>RAFFAELE STANZIONE JR</u>										
Street Address <u>365 BROADWAY</u>		Street Address <u>365 BROADWAY</u>										
City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02909</u>	City <u>PROVIDENCE</u>									
			State <u>RI</u>									
			Zip <u>02909</u>									
Secretary Name <u>RAFFAELE STANZIONE JR</u>		Treasurer Name <u>RAFFAELE STANZIONE JR</u>										
Street Address <u>365 BROADWAY</u>		Street Address <u>365 BROADWAY</u>										
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			State <u>RI</u>									
			Zip <u>02909</u>									
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	City	State									
Director Name		Director Name										
Street Address		Street Address										
City	State	City	State									
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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><u>1.000</u></td> <td><u>CNP</u></td> <td><u>\$ 0.000</u></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<u>1.000</u>	<u>CNP</u>	<u>\$ 0.000</u>			
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<u>1.000</u>	<u>CNP</u>	<u>\$ 0.000</u>										
Changes require an additional filing.												
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 <u>RAFFAELE STANZIONE JR</u>			Date <u>12-26-18</u>									
Signature of Authorized Representative <u>[Signature]</u>												

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