



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 16 2019

BY

9693

1. Entity ID Number 000142076		2. Exact name of the Corporation Rhode Island Uniform & Supply, Inc.			
3. Principal Office Address 1395 Atwood Avenue Suite 109			City Johnston	State RI	Zip 02919
4. NAICS Code 541410		6. Brief description of the character of business conducted in Rhode Island To market, promote and sell uniforms and related accessories for use by employees in the public safety industry			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Alan J. Weeks			Vice-President Name		
Street Address 93 Matteson Road			Street Address		
City Hope	State RI	Zip 02831	City	State	Zip
Secretary Name			Treasurer Name		
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 Alan J. Weeks			Director Name		
Street Address 93 Matteson Road			Street Address		
City Hope	State RI	Zip 02831	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 Check the box to indicate an attachment <input type="checkbox"/>			
		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. 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 Alan J. Weeks				Date January 4, 2019	
Signature of Authorized Representative <i>Alan J. Weeks</i>					

SIGN DOCUMENT HERE