

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

Form 630 Rev. 12/03

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR $_$

PROFIT CORPO Filling Period: January 1 - (FORM MUST BE TYPED OR PR.	March I • Filing	NUAL REPORT g Fee: \$50.00	FOR THE YE	AR 2005	5
1. Corporate ID No. 60238	2. Name of Corporation CROWN LINEN			· · · · · · · · · · · · · · · · · · ·	
3. Street Address Principal Business 15 Pric St E	office X		· Washua	State VIII	03060
4. Business Phone No	00	5. State of Incorporation NEW HAMPSHIRE	<u> </u>		6. SIC Code 72/8
	T RENTAL AND LAUNG	DRY SERVICE			
8. NAMES AND ADDRESSE President Name	S OF THE OFFICERS:	: ("X" BOX FOR ATTA	Vice President Name	N SPACES BEFORE USING	ATTACHMENTS
Street Address	Joins -		Street Address		
Cay to last last s	State MA	Zip A2414 F	City	State	Zip
Secretary Name		1 02465	Trypsifier Name	l	
Street Address	Jophwes Plan		Sirvet Addryss	J. Spilias	
Cly Ranky	TIONAL VILLE	Zip 02 UK	8 DICHHI	State	Zip
9. NAMES AND ADDRESSE	S OF THE DIRECTOR	O2115 S: ("X" BOX FOR ATT	: WUT NWTU ACHMENT) FILL	IN SPACES BEFORE USIN	02965 gattachments
Arthur Spil	ias		Director Name	uliois	
15 Pine St E	<u>x+</u>		Street Address Sha	de St.	
Washva	State NH	03060	Lexination	State MA	Ζφ
Christophe	r J. Spilic	S	Director Name		
Siren Aldress Birch Hi	11 Rd		Street Address		
West Newton	Sinte	02465	City	State	Z(p
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR ATTA	ACHMENT) 📗	11. SHARES ISSUED ISSUED SHARES	("X" BOX FOR ATTACH!	MENT)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM NO PAR VAL	.UE 		50	Class A	W1 101
This report must be	rianad in ink ku siska	and harden at the D		Gommin, Vo	
	60238			tant Secretary, Treasurer, R berjury, I declare and affirm the companying schedules and state	
File Date 6-13-05		Phiet phy Dhe	contained herein as	re true and correct.	3/10/05
File Date 6-13-05 Check No. 074127	(hrutapher 301	Signature of Officer	P. Spilier	Dhie
FOR SECRETARY OF ST	CATE USE ONLY	President	Print or Type Name	of Officer	
OPERLIANT OF 3			Title of Officer		



FOR SECRETARY OF STATE USE ONLY

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

2004 Filing Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No 2 Name of Corporation 60238 CROWN LINEN SERVICE, INC. 5. State of Incorporation **NEW HAMPSHIRE** 7. Brief Description of the Character of Business Conducted in Rhode Island UNIFORM, LINEN, MAT RENTAL AND LAUNDRY SERVICE FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) Vice President Name OF THE DIRECTORS: ("X" BOX FOR AT Director I Sirect Address State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) **AUTHORIZED SHARES** ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series 1,000 COMM NO PAR VALUE This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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 lere and correct. File Date

Title of Officer

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

2003

Filing Period: January 1-			OKI FOR THE I	EAR	PLEASE READ INSTRUCTIONS
IFORM MUST BE TYPED OR PRINTED	IN BLACK)				
1. Corporate ID No. 60238	2. Name of Corporation CROWN LINEN SI	EDVICE INC			
3. Street Address Principal Business Off		ERVICE, INC.	City	State	Zip
15 Pine St Ex	1		Nashua	NH	03060
4. Business Phone No.		S. State of Incorporation			6. SIC Code 7218
603-598-7000		NEW HAMPSHIRE	,		10010
Uniform linen	mn + mn +	el and laun	dy. Service		
• 1	S OF THE OFFICER	S ("X" BOX FOR ATTACHM	IENTA FILL IN SPACES BEFO	DRE USING ATTACHME	INTS
Orthur P. Spi	line		Vice President Name		
Creat Address			Street Address		
15 Ane St. E	xt				
Clly	State NH	03060	Clly	State	Zip
Najhua Secretary Name	IVΠ	00000	Treasurer Name	- 0 1	
michael S	Sophocles		Christopher	J. Spilios	
Street Address	10)		Street Address Birchill	Rand	
1 Internati	onal Place	ン 210	CHX STOUTH	State to a G	Zip
Boston	mA .	"oallo	West Newton	MA	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
9. NAMES AND ADDRESSE	S OF THE DIRECTO	ORS ("X" BOX FOR ATTAC		EFORE USING ATTACHN	MENTS
Director Name	20		For Spi	lins	
Arthur Spile	- 1		Carrier Andreas	•	
15 Pine St 6	ex+		110 Shad		
Clar Machila	State NILL	²¹ 03060	ciry primation	State MA	Zip
Director, Name	770	•	Director Name	11/1/	
Christopher	J. Spilio	7.			
8 Birchhill	. 1		Street Address		
S plinulii	State	ZIP - 6 2 - 1 C C	City	State	Zip
West Newton	ma ma	02465			
10. SHARES AUTHORIZED	(*X * BOX FOR ATTACHE	IENT)	11. SHARES ISSUED (*X* B	OX FOR ATTACHMENT)	
AUTHORIZED SHARES Number of Shares	Class/Series	Par Value	ISSUED SHARES Number of Shares	Class/Series	Par Value
				Class A	· \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
1,000 COMM NO PAR VALU	E		50	Class A Common, Vot	ing 100 rov
				,	\checkmark
This senset worst be at	d im imle bu sieb :	he President Vice P	rocident Sacratum Accietar	nt Secretary Treasurer	Receiver or Truste
This report must be signed	u in ink by either t	me riesiuemi, vice ri	resident, sectetary, Assistar	ic secretary, measurer,	indefiner or music
					•

is report must be signed in the by entire the resid	, vice resident, occident, vice services, vice serv
* 6 0 2 3 8 *	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, an
File Date: 5-14-03	that All Staffements contained herein are trugand correct.
Check No.:	Signature of Officer Date Date
for secretary of state use only	Print or Type Name of Officer YERSULE
SA SECRETARY OF STATE OF SALE	Title of Officer Form 630 12/02

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence. RI 02903-1335 401-222-3040

· · · ·							
PROFIT	CORPORATION	ANNUAL	REPORT	FOR	THE	YEAR	2002



, , , , , , , , , , , , , , , , , , , ,	1 • Filing Fee: \$50.00			PLIASE READ INSTRUCTIONS
(FORM MUST BE TYPED IN BLACK)		•		
	Corporation			
3. Street Address Principal Business Office	/N LINEN SERVICE, INC.	City	State	Zip .
15 PINC St EXT	5. State of Incorporation	Nashva	NH	03060 6. SIC Code
7. Brief Description of the Character of Business Con		,		1218
Uniform, linen, May 8. NAMES AND ADDRESSES OF THE President Name	F PETITUS WHILL WILL E OFFICERS ("X" BOX FOR ATTACH	NOW SOVICE MENT) FILL IN SPACES B Vice President Name	EFORE USING ATTAC	CHMENTS
Street Address 4 FORTHORD Dr.		N/A Street Address		
Nahva . No State	4 03062	City Treasurer Name	State	Zip
Michael V Joph	ocles	Christopher street Addiess	J. Spilia	S
Baton M	Place	8 Birchhill West Newtor	State MA	^{21p} 02465
Orector, Name Arthur P. Spilias Street Address 4 East brook Dr.	E DIRECTORS (*X* BOX FOR ATTA	Street Address	ibefore using atta 1/105 de St.	ACHMENTS
Nauhua State No	4 21 03062	Lexington Director Name	State MA	Zip
Sueer Address BIrch hill Rd.	Opilias	Street Address		
West Newton State	A 21 03465	·Clty	State	Zip
10. SHARES AUTHORIZED (*x* BOX FO		11. SHARES ISSUED (*X issued shares		
Number of Shares Class/Series	s Par Value	Number of Shares	Class/Series A	Oting No Par

	* 6 0 2 3 8 *	
ile Date:	3-18-02	
heck No.:	25247	
	a. ———	

FOR SECRETARY OF STATE USE ONLY

	Under penalty of perjury, I declare and affirm	that I have examined	
	this report, including any accompanying sche	dules and statements, a	nd
	that all statements contained herein are true	and correct.	
/	Cully P. Spelies	3/12/02	
	Signature of Officer	Date	
	Wthur (Spilias		
	Print or Type Name of Officer		
	Mesident		
	Title of Officer		
	 5	Form 630 12	101

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

File Date: _

PROFIT CORPORATION		FOR	THE	YEAR	2001
Filing Period: Inquary 1-March 1	Filling Con. #50.00				



Filing Period: January 1-	March I 💽 Fi.	ling Fee: \$50.00			PLEASE READ INSTRUCTIONS
(FORM MUST BE TYPED IN BLACK)					
1. Corporate ID No. 60238	2. Name of Corporation CROWN LINEN	SERVICE, INC.			
3. Street Address Principal Business Offi 15 Pine St	Ext		Nashua	State NH	0306O
4. Business Phone No. 603-598-7007. Brief Description of the Character of B	00	5. State of Incorporation NEW HAMPSHIR ode Island	E		6. SIC Code 72/8
-11 F -1 $^{\circ}$	of the Officer	1 1	loundry Service	, FORE USING ATTACHM	IENTS
President Dome WHOUT P. Sp Street Address	pilios		Vice President Name NA Street Address		
City Necl.	Drive State ALL	Zip 6.04 \ O	City	State	Zip
Secretary Name .	Poplar	03062	Treasurer Name	T Cailia	•
Street Address I Internation	Jophocles		Christopher J Sirgi Addiess Birch hill	/ .	
	State MA	02/10	West Newton	State MA	^{zıp} 02465
Director Name Arthur P. Sc	OF THE DIRECTO	ORS (*X* BOX FOR ATTAC	Director Name FOLD ()	EFORE USING ATTACH	IMENTS
sueer Xagresi 4 Eostbrook	Drive	7/0	Street Address 110 Sha	de Street	
Nashua Pirector Name	NH.	03062	Lexington Director Name	State MA	Zip
Sireer Address Brook 11	J. Spili Road	D 3	Street Address		
West Newton	ma .	^{z1} , 02465	City	State	Zip
10. SHARES AUTHORIZED (*.	X" BOX FOR ATTACHN Class/Series	(ENT) Por Value	11. SHARES ISSUED ("X" E		
			Number of Shares	Class A Common, Vot	na No Par
500 Class A Commi 500 Class B Comi)
his report must be signed i	n ink by either t	ne President, Vice Pro	esident, Secretary, Assistar	nt Secretary, Treasurer	, Receiver or Trustee
* O U	~ 1		this report, including an	i, I declare and affirm the y accompanying schedul sined herein are true and	es and statements, and

FOR SECRETARY OF STATE USE ONLY

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

I. Corporate ID No.	2. Name of Corporation				
60238 3. Street Address Principal Business Offic	۳ ،	SERVICE, INC.	Malhua	State NH	^{z19} 03060
4. Business Phone No. 603-698-706	_	5. State of Incorporation NEW HAMPSHIRE	· vacque		6. SIC Code
Uniform, Inc. 8. NAMES AND ADDRESSES President Pame,	n, mot rend of the officer	tal and law is 1-x- BOX FOR ATTACHM	NOY SENILL IENTI/ FILL IN SPACES BEI	FORE USING ATTACHME	NTS
Sireet Address	<u> </u>		Vice President Name N/A Street Address		
cur 4 Eastbrook. Nashua	Drive State NH	03062	City	State	Zip
Secretary Name Michael S.	Sophochs		Street Address	Spilias	
" Linternation Buston	mal Place simeMA	- 02110	"West Newton	Koad sieie MA	02465
9. NAMES AND ADDRESSES OF P. S OF P. S	pilios	ORS (*x* box for attac.	HMENT) FILL IN SPACES E	SPITIOS	IENTS
SHEEL Address 4 Eastbrook City Alashua	Dr.	zı, 03062	City Levinatim	eSt.	Zip
Director Name Christopher Street Addigss	J. Spilio	• • • •	Director Name Street Address	••,	
" West Newton	KOOD State MA	02465	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHM	AENT)	11. SHARES ISSUED (*x*	BOX FOR ATTACHMENT)	
AUTHORIZED SHARES Number of Shares	Class/Series	Par Value	SSUFD SHARES Number of Shares	Glass/Series	Par Value
You Mars A A.	- 16 lii	110 Par		Class H	11. Pal
500 Claus A Comi 500 Claus B Com	mon, roting nmon, Votii	y No Par	<i>5</i> 0	Common, Voting	JVV Y (LI
This report must be signed	in ink by either t	ere President, Vice Pr	esident, Secretary, Assista	nt Secretary, Treasurer,	Receiver or Trustee
* 6 (1 2 3 8 *			ry, I declare and affirm that ny accompanying schedule	
File Date:	4/3/ 00 1275/	_		tained herein are true and o	
Check No.:	<u> </u>		arthur P. C	ppilios	



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999



Filing Period: January		lling Fee: \$50.00			TASTRECTIONS
(FORM MUST BE TYPED IN BLA 1. Corporate ID No.	2. Name of Corporation				
60238	CROWN LINEN	SERVICE, INC		•	·
3. Street Address Principal Business 15 PINE ST	Office		Noshua_	State NH	2ip 03060
4. Business Phone No. 0.3-598-7		5. State of Incorporation NEW HAMPSHIR		·	6. SIC Code
7. Brief Description of the Characte UNITOYM 8. NAMES AND ADDRES	r of Business Conducted in Ri	node Island			
Barat da ablama	A	RS (*X * BOX FOR ATTACH		EFORE USING ATTACI	IMENTS
President Name UY P. (Spilion		Vice President Name WA	•	
Last broc	ol Drive_		Street Address	·	
Cir Nashua	State NH	2ip 03062	City	State 1	Zip
Secretary Michael S	Sophocles		Christop	her_ J. Spi	lias
Street Address	· · · · · · · · · · · · · · · · · · ·		Christop Street Address Birch	hill. Rd.	
Boston_	State	0211D	"West Newto	n State MA	210 0246S
9. NAMES AND ADDRES	SSES OF THE DIREC	TORS ("X" BOX FOR ATTA	: Director Name ()	BEFORE USING ATTA	CHMENTS
Withur P.	Spilias_		Foto P.	Spilios	
Sireei Address Fast brook	ohDr.		Street Address 110 Shao	le St	
cir Nashua	State · NH	03062		Stole	Zip
Christophe	r.J. Spilia)	Director Name	<u> </u>	
Street Address BIrchh			Street Address		
"Newton ville	State MA	02165	- City	State	Zip
10. SHARES AUTHORIZI	ED (*X* BOX FOR ATTAC		11. SHARES ISSUED (*) ISSUED SHARES	BOX FOR ATTACHMENT	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500_Class A	Common, Vi	oting, No. Par	50	Common, V	oting No Pas
_500_Uass_8	Common., N	bn Voting, No.	Par	, ,	<u> </u>
This report must be sign	ned in ink by either	the President, Vice I	President, Secretary, Assis	tant Secretary, Treasu	irer, Receiver or Truste
•				:	
	03311 00310 31 010 41181 1 9 11				1

	Under penalty of perjury, I declare and affirm that I have examined this report, Including any accompanying schedules and statements, and
File Date: 03-29-99 Check No.: 97976	this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. Signature of Officer Offi
By: FOR SECRETARY OF STATE USE ONLY	Title of Officer Form 31 12/5



James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

STOP PLEASE READ INSTRUCTIONS

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. **60238** . Name of Corporation
CROWN LINEN SERVICE, INC. Cltv State 21p International Place Zip ("X" BOX FOR ATTACHMENT) ZIp Street Address City · State 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares 500 Class A Common, Voting, No Par Class B Common, Non Voting, Nother This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	* 6 0 2 3 8 *
File Date:	3.16.98
Check No.:	7980
Ву:	ND
FOR SECRETAI	RY OF STATE USE ONLY



James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

PROFIT CORPORATION ANNUAL REPORT 1997

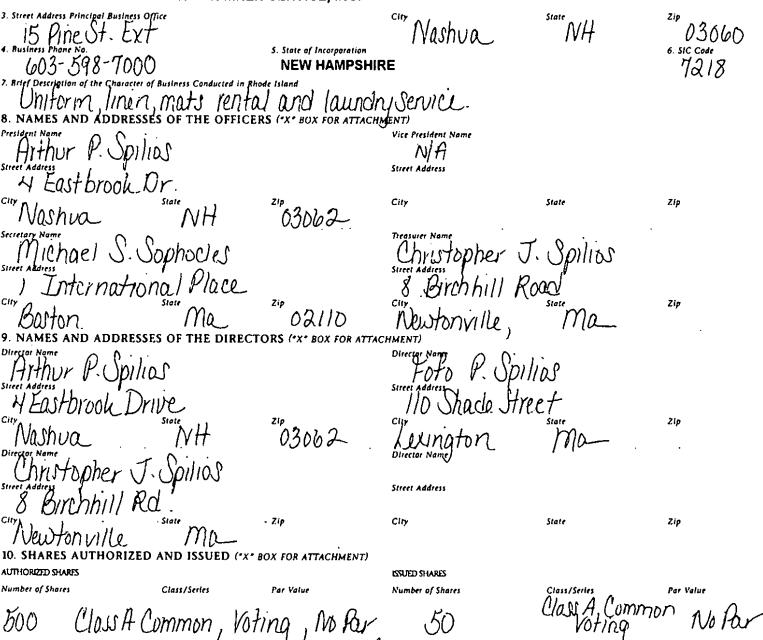
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST	BE	TYPED	IN	BLAC	ļ
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1. Corporate ID No. **60238**

2. Name of Corporation

CROWN LINEN SERVICE, INC.



This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Title of Officer

	* 6 0 2 3 8 *
File Date:	3.31.97
Check No.:	85765
Ву:	(CD)
FOR SECRETAR	Y OF STATE USE ONLY

. Class & Common, NonVoting, Notar

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.

they on statements contained herein are	nue and contect.
Cith P. Sul	3/26/97
Signature of Officer Arthur P. Solling	Delie
Print or Type Name of Officer	

FRUTII CURPURATION **ANNUAL REPORT**

Filing Period: January 1-March 1

For Secretary of State Use Only

Ву:

1996



State of Knode Island and Providence Plantations James R. Langevin, Secretary of State

Corporations Division 100 North Main Street

Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Fee: \$50.00					
1. CORPORATE ID HO.	2. NAME OF CORPORATION	PLEASE TYPE OR PRI	NT IN BLACK INK.		
60238	CROWN	LINEN SERVICE, II	4C.		
3. STREET ADDRESS PRINCIPAL BUSINESS O			aty	STATE	ZIP CODE
BUSINESS PHONE HO.	e <u>t txt</u>	T.S. STATE OF INCORPORATION	Nashua_	<u> </u>	03060
. 603-598-700 7. Brief Description of the Character of	30	NEW HAMPSH	HIRE		6 SEC CODE
					1 /0/10
. Unitorm, lir	un_, mats_r	ental and la	undry servici	L	
PRESIDENT NAME	^ 	ES AND ADDRES	SES OF THE O	FFICERS	
STREET ADDRESS	01/105		(hristophi	<u>er J. Spilios</u>	3
_91_Mashail	STATE .	Yanana	8 Birchhi	II Road	
Noshua	NH	03062	New tonville	STATE	ZIP C00€
SECRETARY MANE / ASST CIEVE Christopher J.	Soilios		TREASURER NAME	ni). 5 0	· · · · · · · · · · · · · · · · · · ·
	1		STREET AUDORESS	U DI	
any	State M	ZP COOE	93 Marsha	STATE .	ZIP C00€
Newtonville_	1 Ma 9. NAM	ES AND ADDRES		NH	03062
ORECTOR HAME	1		DIRECTOR NAME	TRECTORS	
STREET ADDRESS	1/105		STREET ADDRESS	er U. Spilias	
<u>"YL Marshall</u>	1 STATE	ZoP COO€	<u> 8 </u>	11 Road	
Nashua	I A H	03062 1	Newtonville	$e^{-\frac{1}{2}ma}$	ZIP C00€
Plato A Soi	lios		DIFFECTOR HAVE	7.0	
street Address 93 Marshal	1 St STATE		STREET ADDRESS PAIN 93 Marsh	nll C+	
Noshua.	STATE	ZP 000€	CITY - 1	STATE	ZIT CODE
_1 1031100.)		ARES AUTHORIZ	Nashua	<u> </u>	03062
NUMBER OF SHARES	AUTHORIZED SHARES CLASS/SERIES			ISSUED SHARES	<u> </u>
		PARVALUE :	HUMBER OF SHARES	CLASS / SERIES	PAR VALUE
<u> </u>	asi <u>A</u> Common,	107119-, 10010V	50	Uas A Commi	on Nother
<u></u>	us <u>B. Common</u>	, Non Voting,		Voting	
		Notar			;
	This r	eport must be SIGNE	Đ IN INK by either t	he	
Presi	dent, Vice Presiden	t, Secretary, Assistant	Secretary, Treasure	r, Receiver or Trustee	4.
			report, including	g any accompanying schedi	rm that I have examined this ules and statements, and that
2	0 (all statements of	contained herein are true and	d correct.
File Date: 3-18-		:	Signature of Off		
Check No: 793	787		HHhur (P. Spilips	

Title of Officer

State of Rhode Island and Providence Plantations Office of The Secretary of State 100 North Main Street Providence. Rhode Island 02903-1335 401-277-3040

ANNUAL REPORT

Please Type or Print File Annually - Jan. 1 - March 1

Filing Fee \$50.00 Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

0060238 Corporate ID:	Annual Repo	ort for the year:	
	INEN SERVICE, INC.	ore for the year.	
Business entity organized under the laws of the State of	of: NH Business	Entity is (check one):	
For foreign entity, address and telephone number of present the state of the state	rincipal office: [VBus	siness Corporation (See RIGL Chapter 7-1.1) of siness Corporation (See RIGL Chapter 7-1.1)	apter 7-5.1)
Phone: (603) 598-7000	Brief stat	tement of the character of business conducted form, Inen rental and	I in Rhode Island:
Address and telephone of the principal office of busine	ess entity in Rhode5Cf.	vice	
Island (Provide street address - Not P.O. Box): — CI_Or porotion System — 123 Lyer Street			
- Krovidence, RI 02903			-
Phone: ()			
PRESIDENT	THE NAMES OF THE OFFICE	RS ARE:	
Λ 0 Λ 0 Λ	STREET ADDRESS	CHIYISTATE	ZIP CODE
VICE PRESIDENT	Shail Street	IVOSTUO, NH	03062 ZIP CODE
Christopher J. Spilios & B	Brichhill Road STREET ADDRESS	Newtonville, ma	<u> </u>
Christopher J. Spilios 8	Birchill Road	Newtonville, Ma	ZIP CODE.
$-1/(\alpha L_{\perp} + N_{\parallel} $	7	CITY/STATE	ZIP CODE
- From W. Obing - 43 III	arshall St.	Nashua, NH	0 <u>306</u> D
NAME	THE NAMES OF THE DIRECTO	ORS ARE:	ZIP CODE
<u>Same as above and:</u>			
Foto P Soiling	93 Marshall St	CHYSTATE	ZIP CODE
NAME:	STREAT ADDRESS	CITYSTATE /	<u>05062</u> ZIP CODE
NUMBER OF SHARES AUTHORIZED (Rider may be at	tached) – ··· NUMBER OF	SHARES ISSUED AND OUTSTANDING (Ride	r may be attached)
Number of Shares Class / Series	Number of S	 ,,	<u> </u>
500 Class A Commo	in /Voting/No Par		
500 Class B Commo	in/Voting/No Par in/NonVoting/	Class A Common/	Poting/No Par
Date, 19	By Cully P. Spile	sky =	
Form 31 1/95	TITLE OF OFFICER SIGNING	FR SIGNING	
DESIGNATE	D REGISTERED AGENT FOR SE	RVICE OF PROCESS:	
PLEASE NOTE: If the registered office and/or registe	ered agent indicated below is incorrect. For	arm 9 must be filed	

CT CORPORATION SYSTEM
123 DYER STREET
PROVIDENCE RI 02903

FILED

MAR 1 6 1995

By 00 69265

Filing Fee \$50.00 Payable to Secretary of State

PLEASE TYPE or PRINT

File Annually LLC: Sept. 1 - Nov. 1 CORP Jun. 1 - March 1

State of Rhode Island and Providence Plantations Office of The Secretary of State

100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

00502∃8	1994
Corporate ID:	Annual Report for the year:
Name of Business Entity:	John Liner Beisvige, Area.
Business entity organized under the laws of the State of	Business Entity is (check one) [Maisiness Corporation (See RIGL Chapter 7-1.3) [Professional Service Corporation (See RIGL Chapter 7-8.1) [Limited Liability Company (See RIGL 7-16) Name, title and mailing address of contact person to whom communications may be directed AYTHOUT P. DALLOS. Profession T. IS PINC STREET FXT Nashing APP 03060 Brief statement of the character of business conducted in Rhode Island. Uniform Inera Yeara Lung. Date of Organization: Date of Qualification to do business in Rhode Island (in foreign entity).
THORE.	4/13/90 42
THE NAME OF TH	L
CHEEF CONTROL OF CREET AND CONTROL OF CONTRO	NOTIFICATE NOTIFI
SAME STREET ADI	REAS CHYSTATE JULY SPECIAL SPECIAL
NUMBER OF SHARES AUTHORIZED (If Applicable) NUMBER 500 500 CLASS Cliuss A Common Class B Commun SERIES VOTING Non Voting PAR VALUE OR WITHOUT PAR NO POX NO POX	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable) NUMBER 50 CLASS 0 1955 A Comyron SERIES VOLOO PAR VALUE OR NO PO
Date tobriony of 1999 By Company of 1999 By Co	CULLA PSpello S MUY P. Spillo S SPENSE OF OFFICE A GONING ENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

CT CORPORATION SYSTEM
123 DYER STREET
PROVIDENCE RI 02903

FILED

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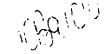
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Form 31 1/85

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

FIFTH: Business address in Rhode Island C.T. CORPORATION SYSTEM 193 DYER ST PROVIDENCE, R. I. 09903 SIXTH: Names and addresses of its directors and officers: Office Address (including number, street, zip code) Address (including number, street, zi	Corporate ID	0050238	Annual Report for the year 1993
THIRD: Character of business, briefly stated, is UNIFORM AND LINEN READED SERVICE FOURTH: If foreign corporation, address of its principal office. 15 PINEST EXTENSIVE NOSHUO, NH 08060 FIFTH: Business address in Rhode Island. C. T. CORPORATION SUSTEM NAS DUER ST PROVIDENCE, R. I. 08903 SIXTH: Names and addresses of its directors and officers: Office Address (including number, street, zip code) ARTHUR P. SPILIOS Director ARTHUR P. SPILIOS Director ARTHUR P. SPILIOS President ONRISTOPHER T. SPILIOS Vice President ARTHUR P. SPILIOS Secretary PINO A. SPILIOS Treasure P. 93 MARSHALL ST NOSHUO, NH CHRISTOPHER T. SPILIOS Vice President ARTHUR P. SPILIOS Secretary PINO A. SPILIOS Treasure P. 93 MARSHALL ST NOSHUO, NH CHRISTOPHER T. SPILIOS Secretary PINO A. SPILIOS Treasure P. 93 MARSHALL ST NOSHUO, NA PINO A. SPILIOS TREASURE P. 93 MARSHALL ST NOSHUO, NA PINO A. SPILIOS TREASURE P. 93 MARSHALL ST NOSHUO, NA PINO A. SPILIOS TREASURE P. 93 MARSHALL ST NOSHUO, NA PINO A. SPILIOS TREASURE P. 93 MARSHALL ST NOSHUO, NA PINO A. SPILIOS TREASURE P. 93 MARSHALL ST NOSHUO.	First:	The name of the corporation is	CROWN LINEN SERVICE, INC.
FOURTH: If foreign corporation, address of its principal office 15. PINEST EXTENSIVE NOSAUQ, NH 03060 FIFTH: Business address in Rhode Island C.T. CORPORATION SUSTEM 123 DUER ST PROVIDENCE, R. I. 02903 SIXTH: Names and addresses of its directors and officers: Office Address (including number, street, zip code) ARTHUR P. SPILIOS Director 91 MARSHALL ST NOSHUQ, NH POFD P. SPILIOS Director 93 MARSHALL ST NOSHUQ, NH POFD P. SPILIOS Director 91 MARSHALL ST NOSHUQ, NH PORISTOPNER J. SPILIOS President 91 MARSHALL ST NOSHUQ, NH PROPRER J. SPILIOS President 91 MARSHALL ST NOSHUQ, NH PROPRER J. SPILIOS Secretary 91 MARSHALL ST NOSHUQ, NH PROPRENT SPILIOS Treasurery 93 MARSHALL ST NOSHUQ, NASHUQ, NEW YORK SPILIOS TREASURERY 93 MARSHALL ST NOSHUQ, NEW YORK SPILIOS TREASURERY 93 MARSHALL ST NOSHUQ, NEW YORK SPILIOS TREASURERY 93 MARSHALL ST NOSHUQ, NEW YORK SPILIOS TREASURERY 93 MARSHALL ST NOSHUQ. NEW YORK SPILIOS TREASURERY 93 MARSHALL ST NOSHUG. NEW YORK SPILIOS TREASURERY PROPRES	SECOND		
FOURTH: If foreign corporation, address of its principal office 15 PINEST EXTENSIVE NOSHUO, NH 03060 FIFTH: Business address in Rhode Island C.T. CORPORATION SYSTEM 193 DYER ST PROVIDENCE, R.I., 09903 SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary) ARTHUR P. SPILIOS Director 91 MARSHALL ST NOSHUO, NH HATO A. SPILIOS Director 93 MARSHALL ST NOSHUO, NH ARTHUR P. SPILIOS President 91 MARSHALL ST NOSHUO, NH CORPORATION SYSTEMS (Attach rider if necessary) Address (including number, street, up code) Address (inclu	THIRD:	Character of business, briefly stated	
SIXTH: Names and addresses of its directors and officers: Address (including number, street, zip code) ARTHUR PARILOS Director PLATO A. SPILIOS Director PLATO POR SPILIOS Director PLATO POR SPILIOS Director Address (including number, street, zip code) Address (including number, street, zip	FOURTH	नः If foreign corporation, address of	its principal office 15 PINEST EXTENSE
ARTHUR P. SPILIOS Director AND A SPILIOS Director PARTHUR P. SPILIOS Director POFO P. SPILIOS Director AND A SPILIOS Director POFO P. SPILIOS Director AND ARSHALL ST NOSHUO, N.H. ARTHUR P. SPILIOS President ARTHUR P. SPILIOS President ARTHUR P. SPILIOS Secretary ASST. SRC 91 MARSHALL ST NOSHUO, N.H. ARTHUR P. SPILIOS Secretary ASST. SRC 91 MARSHALL ST NOSHUO, N.H. ARTHUR P. SPILIOS Secretary 91 MARSHALL ST NOSHUO, N.H. ARTHUR P. SPILIOS Secretary 93 MORSHALL ST NOSHUO, N.H. ARTHUR P. SPILIOS Treasured P. 93 MORSHALL ST NOSHUO, N. A.	FIFTH:	Business address in Rhode Island DUER ST PROUL	C.T. CORPORATION SUSTEM
ARTHUR PIPILIOS Director 91 MARSHALLST NOSHUU, NH PLATO A. SPILIOS Director 93 MARSHALLST NOSHUU, NH PRTHUR P. SPILIOS President 91 MARSHALLST NOSHUU, NH CHRISTOPNIER J. SPILIOS Vice President 8 BIRCHNIII RO NEWTONUILLE, N PRTHUR P. SPILIOS Secretary 91 MARSHALLST NOSHUU, N PLATO A. SPILIOS Treasurery 93 MORSHOULST NOSHUU, N		Names and addresses of its directors	and officers: (Attach rider if necessary)
ARTHUR P. SPILIOS President 9/MARSHALLSTNashua, NH CINRISTOPNERJ, SPILIOS Vice President & BURCHHILL RD NEWTONUILLE, N ARTHUR P. SPILIOS Secretary 9/MARSHALLST Nashua, N PLANO A. SPILIOS Treasurent 93 Marshall ST Nashua		A. Spilios Directo	91 MARSHALLST NOSHUOLNH
HRTHURPSPILLOS Secretary 91 MARSHALLST NOSHULL, NO PLANO A SPILLOS Treasurento 93 Marshall ST Noshull	FDFO ARTHU MARKY	RPSP1405 Preside	91 MARSHALLSTUASHUA NH
SEVENTH: Number of Shares authorized: Par Value	ARTHI Plan	URPSPILLOS Secreta	" 91 marshall ST Noshou, N
or statement that	Seventi	н: Number of Shares authorized:	
Soo Class a Common- voting shares are without par value of the class B Common- Non Voting April 198 NO PAR NO PAR	500 500	Class A Commo	Series Of mar unline
EIGHTH: Number of Shares issued: Rec'd & Filed MAR 13 1993 or statement that	Еіснтн:	Number of Shares issued:	HAC'O & FIED MAR 13 1993 or statement that
No. of Shares Class Class Commont Voting No PAR	No. of Sh		Series nar volue
Dated ARCh 15 19 93 CROWN DINEN SERVICE (Name of Corporation)	Dated	March 15 19 93	(Name of Corporation)
(Report must be signed by an officer) Title PRESIDENT	/D	langer mana ha sisana l	

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903



Corporate ID	00£0235	A	Annual Report for the y	/ear 1992
FIRST: The	name of the corporation i	s	DWN.LIMEN.SERMI	CE, INC.
	is incorporated under the racter of business, briefly	stated, is UNIFO	RM AND LI	NEN
Fourth: If	foreign corporation, addre			SHALL ST 1.H. 03060
	ness address in Rhode Isla		_	
Sixтн: Nam	ies and addresses of its dir	rectors and officers:	Address (including numl	(Attach rider if necessary)
FOFO P. S	SPILIOS D SPILIOS D SPILIOS P SPILIOS TREV R J. SPILIOS S	resident 93 No prector 93 No prector 93 No prector 93 No precident 93 No preci	MARSHALL ST MARSHALL ST MARSHALL ST MARSHALL ST BIRCH HILL R MARSHALL S	T. NASHUA, N.H. T. NASHUA, N.H. T. NASHUA, N.H. T. NASHUA, N.H. ST. NASHUA, N.H. D. NEWTONVICLE, ST. NASHUA, N.H. Par Value or statement that shares are without par value NO PAR NO PAR
No. of Shares	mber of Shares issued: Class C / A s s A	PAID HAR 19 183 CEENVERS	12senes ATE 10 T.~ 9	Par Value or statement that shares are without par value
·	nust be signed by an officer)	By Name of Gorko	LINEN SEA utophen She ESIDENT	ilus

Filing Fee \$50.00

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	0060238	Annual Report for the year.	1991
First:	The name of the corporation is	🗼 CROWN LINEN SERVICE,	INC.
SECOND	: It is incorporated under the laws of	New Hampshire	
THIRD:	Character of business, briefly stated, i	is Uniform and Li	
Fourth	: If foreign corporation, address of its	Rental Services s principal office 93 Marsh Nashua, N	11 57.
Г ІГТН:	Business address in Rhode Island	C.T. CERPORETION SY	
123	Dyer STREET, F	Rouidence, RI 0290	3
Ѕіхтн:	Names and addresses of its directors a		(Attach rider if necessary) cet, zip code)
Arthu	R P Spilies Director	91 Marshall ST,	Vashua, NH
	A. Spilios Director	23 Marshall ST , 1	•
	Spelios Director	,	
- /	R Spilios President Ressur A Spilios Vice Pres	en Icleak sident 93 Manshall St., N	lashua, NH
		V.P. 8 Birch H.H. Rd.	•
Fofo	P. Spilios Treasurer	93 MARShall ST. N	Ashur, NH
SEVENTE No. of Sh		Corina	Par Value or statement that shares are without
50	Common	Series	par value NO PAR
Еібнтн:	Number of Shares issued:	PAID	Par Value or statement that
No. of Sh.	ares Class	MAR. 1 9 1991	shares are without par value
		SEC'Y OF STATE	
Dated	Pench 18# 19 91	CROWN Linen Service (Name of Corporation) By Outly P. Spelis	e, Inc
(Re	eport must be signed by an officer)	Title Pres, dent	