



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2021
Corporation

JAN 13 2021
BY Silva

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 000015223		2. Exact name of the Corporation TWENTY RHODE ISLAND INC.			
3. Principal Office Address 20 RHODE ISLAND AVE			City PAWBUCKET	State R.I.	Zip 02860
4. NAICS Code 812331		6. Brief description of the character of business conducted in Rhode Island LINED & UNIFORM RENTAL			
5. State of Incorporation R.I.					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JOHN W. RICHARDSON III			Vice-President Name NEIL RICHARDSON		
Street Address S GVINCY ADAMS RD.			Street Address 135 BLACKBERRY RD.		
City BARRINGTON	State R.I.	Zip 02806	City N. ATTLEBORO	State MA	Zip 02760
Secretary Name PHILIP RICHARDSON			Treasurer Name GAIZY RICHARDSON		
Street Address 49 CEDAR RIDGE RD.			Street Address 19 WINTHROP DR.		
City N. ATTLEBORO	State MA	Zip 02760	City BARRINGTON	State R.I.	Zip 02806
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name SAME AS ABOVE			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 6000 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.		10. Shares Issued 6,000		NUMBER OF SHARES	
				CLASS/SERIES	PAR VALUE
		5400	B	50.00	
600	A	50.00			
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 GARY F. RICHARDSON					Date 1/9/2021
Signature of Authorized Representative 					