



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021

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 STAMP

JAN 21 2021

BY 82785 DS

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) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
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) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Antonio F. Ardolino			Director Name		
Street Address 19 Blacksmith Rd			Street Address		
City Wilbraham	State MA	Zip 01098	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUF
		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.					
<b>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.</b>					
Name of Authorized Representative Antonio F. Ardolino				Date 1/19/2021	
Signature of Authorized Representative 					

MAIL TO:  
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