



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILE

FEB 05 2025

BY 88151

AA

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 MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Antonio F. Ardolino			Director Name		
Street Address 95 Blacksmith Rd			Street Address		
City Wilbraham	State MA	Zip 01095	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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		Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		2400	CNP	0.0	
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 Antonio F. Ardolino					Date 1/30/2025
Signature of Authorized Representative					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630- Revised: 12/2023