



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2025
 Corporation

FILED
 MAR 28 2025
 BY 1475 ✓

- 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 791051		2. Exact name of the Corporation EDWARD DEUTCH UNIFORMS, INC.	
3. Principal Office Address 365 BROADWAY		City PROVIDENCE	State RI
		Zip 02909	
4. NAICS Code 448190	8. Brief description of the character of business conducted in Rhode Island UNIFORMS		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name RAFFAELE STANZIONE JR		Vice-President Name RAFFAELE STANZIONE JR	
Street Address 365 BROADWAY		Street Address 365 BROADWAY	
City PROVIDENCE	State RI	Zip 02909	City PROVIDENCE
			State RI
			Zip 02909
Secretary Name RAFFAELE STANZIONE JR		Treasurer Name RAFFAELE STANZIONE JR	
Street Address 365 BROADWAY		Street Address 365 BROADWAY	
City PROVIDENCE	State RI	Zip 02909	City PROVIDENCE
			State RI
			Zip 02909
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
City	State	City	State
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State.		NUMBER OF SHARES	CLASS/SERIES
Changes require an additional filing.		1,000	CNP
			PAR VALUE
			\$ 0.000
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 RAFFAELE STANZIONE JR		Date 3-22-2025	
Signature of Authorized Representative <i>Raffaele Stanzone Jr</i>		3-22-2025	

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov