

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 841602

Entity Name: UNIFIRST CORPORATION**Current Principal Place of Business:**68 JONSPIN ROAD
WILMINGTON, MA 01887**Current Mailing Address:**68 JONSPIN ROAD
WILMINGTON, MA 01887**FEI Number:** 04-2103460**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	VP D
Name	SINTROS, STEVE S
Address	7 STARR AVENUE EAST
City-State-Zip:	ANDOVER MA 01810
Title	SRVP
Name	BOYNTON, BRUCE P
Address	74 MOSELY AVE
City-State-Zip:	NEWBURYPORT MA 01950
Title	D
Name	EVANS, DONALD J
Address	72 N MAIN ST
City-State-Zip:	COHASSET MA 02025
Title	SR VP
Name	DIFILLIPPO, DAVID
Address	7 LANTERN AVE
City-State-Zip:	LYNNFIELD MA 01940

Title	T D
Name	CROATTI, CYNTHIA
Address	70 BEACON STREET
City-State-Zip:	BOSTON MA 02108
Title	D P
Name	CROATTI, RONALD D
Address	21 JEFFERSON DRIVE
City-State-Zip:	LONDONDERRY NH 03053
Title	CONT
Name	O'CONNOR, SHANE CONTROL
Address	6 IROQUOIS ROAD
City-State-Zip:	ANDOVER MA 01810
Title	VP SALES & MARKETING
Name	KATZ, DAVID M
Address	11 FLORENCE DRIVE
City-State-Zip:	RICHBORO PA 18954

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SHANE O'CONNOR**CONTROLLER****04/20/2015**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title SECRETARY
Name ZEMLIN, RAYMOND C
Address 11 WEST HOLLOW
City-State-Zip: ANDOVER MA 01810

Title DIRECTOR
Name CAMILLI, KATHLEEN
Address 245 EAST 19TH STREET, #20C
City-State-Zip: NEW YORK NY 10003

Title DIRECTOR
Name POSTEK, THOMAS
Address 1340 N. ASTOR STREET, APT 1807
City-State-Zip: CHICAGO IL 60610

Title DIRECTOR
Name COHEN, PHILLIP L
Address 79 OCEAN AVENUE
City-State-Zip: SWAMPSCOTT MA 01907

Title DIRECTOR
Name IANDOLI, MICHAEL
Address 76 WATER STREET
City-State-Zip: NEWBURYPORT MA 01950