## 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:

**NEWBURYPORT MA 01950** 

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:

City-State-Zip:

Title

Electronic Signature of Registered Agent

Date

**FILED** Apr 20, 2015

**Secretary of State** 

CC0575684625

Officer/Director Detail:

VP D Title Title ΤD

SINTROS, STEVE S Name Name CROATTI, CYNTHIA Address 7 STARR AVENUE EAST Address 70 BEACON STREET City-State-Zip: BOSTON MA 02108 City-State-Zip: ANDOVER MA 01810

Title DΡ Title SRVP

Name CROATTI, RONALD D Name BOYNTON, BRUCE P Address 21 JEFFERSON DRIVE Address 74 MOSELY AVE LONDONDERRY NH 03053 City-State-Zip:

Title CONT

O'CONNOR, SHANE CONTROL Name Name EVANS, DONALD J

6 IROQUOIS ROAD 72 N MAIN ST Address Address

City-State-Zip: ANDOVER MA 01810 City-State-Zip: COHASSET MA 02025

Title **VP SALES & MARKETING** Title SR VP

Name KATZ, DAVID M Name DIFILLIPPO, DAVID Address 11 FLORENCE DRIVE

Address 7 LANTERN AVE City-State-Zip: RICHBORO PA 18954 City-State-Zip: LYNNFIELD MA 01940

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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

## 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