

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

401.222.30

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(e&d)) is subject to a penalty fee of \$25.00.

subject to a penalty jee of \$2,5.00.						
1. Corporate ID No. 13700		2. Name of Corporation Uvex Sports, Inc.				
3. Street Address Principal Business Office 110 COMSTOCK PARKWAY			CRANSTON	State RI	^{Zφ} 02921	
4. Business Phone No. 401-464-8844		5. State of Incorporation RHODE ISLAND			•	
6. Brief Description of the Charac	ter of Business Conducted i	n Rhode Island	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
MANUFACTURE OF SA 7. NAMES AND ADDRESS			<i>Chment)</i> 🔲 edge in sp	ACES BEFORE USING	ATTACHMENTS	
President Name WERNER GRAU			Vice President Name NONE			
Street Address WURZBURGER STRASSE 181			Street Address			
City FURTH	State GERMANY	^{Zip} 90766	City	State	Zip	
Secretary Name BRUCE CAMPBELL			Treasurer Name BRUCE CAMPBELL			
Street Address 110 COMSTOCK PARKWAY			Street Address 110 COMSTOCK PARKWAY			
CRANSTON	State RI	^{Zip} 02921	Cranston	State RI	921 ₋ ~	
8. NAMES AND ADDRESS	ES OF THE DIRECTO	ORS: ("X" BOX FOR ATI		SPACES BEFORE USING	ATTACHMENTS -0	
Director Name RAINER WINTER			GABRIELE GRAU			
Street Address WURZBURGER STRASSE 181			Street Address WURZBURGER STRASSE 181			
City FURTH	State GERMANY	21p 90766	City FURTH	State GERMANY	200 9007662	
Director Name WERNER GRAU			Director Name MICHAEL WINTER			
Street Address WURZBURGER STRASSE 181			Street Address WURZBURGER STRASSE 181			
City FURTH	State GERMANY	^{Zip} 90766	CHy FURTH	State GERMANY	^{Zip} 90766	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACH ION <u>MUST</u> BE COMPLETED	MENTO CONTRACTOR	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value	
			100	COMMON	NO PAR VALUE	
					HINTELLE MANAGEMENT	
This report must be execute this report must be execute			ed representative. If the cor	poration is in the hands	of a receiver or trustee,	

File Date			
	بالتالة		
Check No.	AN 2 6 20	09	
Bv: RV	//	3/4	
	FOR SECRETARY	OF STATE I	JSE ONLY

Under penalty of perj	ury, I declare and affirm th	nat I have examined this report
including any accomp	panying schedules and stat	ements, and that all statement
contained herein are t	rue and correct.	
Sant 1	astell	1-22-09
Signature		Date
BRUCE CAI	MPBELL	

Print or Type Name

SECRETARY