

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 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 refining to the filing to the filing to the filing to the filing or refining to the filing to

,			anual report within thirty (30) a	lays after the time prescribed by	law (R.I.G.L. 7-1.2-1501(c&d)) is
1. Corporate ID No. 326086	2. Name of Corporation Alpha Pro, Inc.				
3. Street Address Principal Business Office 60 South County Commons Way, Suite G4			Сиу Wakefield	State RI	Ζφ 02879
4. Business Phone No. 401-788-9080		5. State of Incorporation Rhode Island			
6. Brief Description of the Charac TO FABRICATE AND SE	ter of Business Conducted in	Rhode Island ING			
7. NAMES AND ADDRESS President Name			ACHMENT) FILL IN	SPACES BEFORE HSING	C ATTACHMENTS
President Name Thomas R. Gilbert			Vice President Name		MIACHMENIS
Street Address			Lawrence Proulx Street Address		
PO Box 147			122 Gilliver Road		
City Charlestown	State RI	^{Zip} 02813	City Griswold	State CT	^{Zip} 06351
Secretary Name			Treasurer Name		100001
Lawrence Prouix Street Address			Thomas R. Gilbert		
122 Gilliver Road			Street Address PO Box 147		
City Griswold	State CT	^{Zip} 06351	City	State	Zip
			Charlestown	RI S SDACES BEFORE HOTE	02813
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name The area B. O'lle and			Director Name		
Thomas R. Gilbert Street Address			Lawrence Proulx		
PO Box 147			Street Address 122 Gilliver Road		
City	State	Zip	City	State	Zip
Charlestown Director Name	RI	02813	Griswold	СТ	06351
The color atume			Director Name		
Street Address			Street Address		
City	State	Zip	City	<u></u>	
			GIĄ	State	Zip
9. SHARES AUTHORIZED	·			("X" BOX FOR ATTAC	
This is constituting				CTION MUST BE COMPLETED	
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
			,		
This report must be execute	d on behalf of the corp	oration by an authorize	d representative. If the co	ornoration is in the hand	s of a receiver or tructure
this report must be executed	on behalf of the corpo	oration by the receiver	or trustee.	orporation is in the nand	s of a receiver or trustee,
			Under penalty of pe	erjury, I declare and affirm to	that I have examined this report, atements, and that all statements
2. 2	2 10		contained herein ar	e true and correct.	mements, and that all statements
File Date	5-09		Mesul	UKUJILLE	<u>-</u>
Check No	<i>100</i>		Signature		Date
	nnn		Thomas R. C	Silbert	
FOR SECRETARY OF STATE USE ONLY			Print or Type Name President		
			Title		