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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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(c), 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(c)(d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation			
294831	Safety Equipment America, Inc.			
3. Street Address Principal Business Office: 20 North Blossom Street		City: East Providence	State: RI	Zip: 02914
4. Business Phone No.: 401.434.7300	5. State of Incorporation: DE			

6. Brief Description of the Character of Business Conducted in Rhode Island: Respiratory Protective Equipment Distributor, Wholesale

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Street Address	City	State	Zip
Goran Berndtsson	411 North 6th Street, PO Box 2902	Emery	SD	57332
Vice President Name	**Street Address**	**City**	**State**	**Zip**
Leif Anderzon	Storgatan 64	Varnamo	Sweden	33100
Secretary Name	**Street Address**	**City**	**State**	**Zip**
Flisa Berndtsson	411 North 6th Street, PO Box 2902	Emery	SD	57332
Treasurer Name	**Street Address**	**City**	**State**	**Zip**
Anneli Bergkvist	Storgatan 64	Varnamo	Sweden	33100

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Street Address	City	State	Zip
Goran Berndtsson	411 North 6th Street, PO Box 2902	Emery	SD	57332
Director Name	**Street Address**	**City**	**State**	**Zip**
None				
Director Name	**Street Address**	**City**	**State**	**Zip**
None				

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100	CWP	$1.00
THIS SECTION MUST BE COMPLETED		

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.

[redacted]

FILED

File Date: FEB 26 2009
Check No.:
By:
Typ:
FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Signature: [signature] Date: 02.16.09

Print or Type Name: Goran Berndtsson

Title: PRESIDENT

Form 630 Rev. 08/08