



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)(4)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 294831		2. Name of Corporation 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 Goran Berndtsson			Vice President Name Leif Anderzon		
Street Address 411 North 6th Street, PO Box 2902			Street Address Storgatan 64		
City Emery	State SD	Zip 57332	City Varnamo	State Sweden	Zip 33100
Secretary Name Flisa Berndtsson			Treasurer Name Anneli Bergkvist		
Street Address 411 North 6th Street, PO Box 2902			Street Address Storgatan 64		
City Emery	State SD	Zip 57332	City Varnamo	State Sweden	Zip 33100
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Goran Berndtsson			Director Name None		
Street Address 411 North 6th Street, PO Box 2902			Street Address		
City Emery	State SD	Zip 57332	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐					
ISSUED SHARES — THIS SECTION 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 100	Class/Series CWP	Par Value \$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.

FILED

File Date FEB 26 2009
Check No. BY 1713
FOR SECRETARY OF STATE USE ONLY

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 Goran Berndtsson Date 02.16.09
Print or Type Name
PRESIDENT
Title