

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 2012

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.				•		
1. Corporate ID No. 26070	JONES SAFETY EQUIPMENT COMPANY					
3. Street Address Principal Business G 325 MASSASOIT AVE	fice		EAST PROVIDENCE	State RI	^{Ζφ} 02914	
4. Business Phone No. 5. State of Incorporation			· · · · · · · · · · · · · · · · · · ·			
401-434-4010 RHODE ISLAN			D			
6. Brief Description of the Character of	•					
SAFETY GOGGLES FO						
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT) 🔲 FILL IN SPACE	S BEFORE USING AT	TACHMENTS	
President Name			Vice President Name			
LAWRENCE K. HEY			BRUCE B. HEY			
Street Address 125 CATLIN AVE.			325 MASSASOIT AVE.			
City	State Zip		City State Zip			
EAST PROVIDENCE] R.I.	02916	EAST PROVIDENCE	R.I.	02914	
Secretary Name LAWRENCE K. HEY			Treasurer Name JUDITH P. HEY			
Street Address			Street Address			
125 CATLIN AVE.			259 BONNET PT. ROAD			
City	State	Zip	City	State	Zip	
EAST PROVIDENCE	R.I.	02916	NARRAGANSETT	R.I.	02882	
Director Name	OF THE DIRECTORS	: ("X" BOX FOR ATT	ACHMENT) TELL IN SPA	CES BEFORE USING A	ATTACHMENTS	
LAWRENCE K. HEY			Director Name BRUCE B. HEY			
Street Address			Street Address			
125 CATLIN AVE.			325 MASSASOIT AVE.			
EAST PROVIDENCE	State R.I.	^{Zip} 02916	EAST PROVIDENCE	State R.I.	<i>z</i> φ 02914	
Director Name	J	J	Director Name			
Street Address			Street Address			
City	State	Ζip	City	State	Zip	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
			ISSUED SHARES — THIS SECTION MUST BE COMPLETED Number of Shares Class/Series Par Value			
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.			runiver of snares	ciass/series	Par Value	
			1,000.	Common/	without par value	
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 of	on behalf of the corpo	ration by the receiver of	or trustee.			
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	_		Under penalty of perjury,	I declare and affirm that	I have examined this report	
EI	 			including any accompanying schedules and statements, and that all statements contained herein are true and correct. January 2, 2012		
. 4.1	L. L. U		contained herein are true			
File Date			Jaurence 1			
Signature Date						
Check No.				LAWRENCE K. HEY		
By:	シュム		Print or Type Name			
FOR SECRETARY OF STA	TE LISE ONLY		PRESIDENT			
TOR SECRETARY OF STA	IL USE ONLI	_	Title		Form 630 Rev. 08/08	