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 2012

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

1. Corporate ID No.	2. Name of Corporation			
26070	JONES SAFETY EQUIPMENT COMPANY			
3. Street Address Principal Business Office		City	State	Zip
325 MASSASOIT AVE		EAST PROVIDENCE	RI	02914
4. Business Phone No.	5. State of Incorporation			
401-434-4010	RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island
SAFETY GOGGLES FOR INDUSTRY AND SPORTS

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

President Name	Street Address	City	State	Zip
LAWRENCE K. HEY	125 CATLIN AVE.	EAST PROVIDENCE	R.I.	02916

Vice President Name	Street Address	City	State	Zip
BRUCE B. HEY	325 MASSASOIT AVE.	EAST PROVIDENCE	R.I.	02914

Secretary Name	Street Address	City	State	Zip
LAWRENCE K. HEY	125 CATLIN AVE.	EAST PROVIDENCE	R.I.	02916

Treasurer Name	Street Address	City	State	Zip
JUDITH P. HEY	259 BONNET PT. ROAD	NARRAGANSETT	R.I.	02882

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

Director Name	Street Address	City	State	Zip
LAWRENCE K. HEY	125 CATLIN AVE.	EAST PROVIDENCE	R.I.	02916

Director Name	Street Address	City	State	Zip
BRUCE B. HEY	325 MASSASOIT AVE.	EAST PROVIDENCE	R.I.	02914

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

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
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 on behalf of the corporation by the receiver or trustee.

[redacted] [redacted]

FILED
File Date _____
Check No. JAN 06 2012
By: 383
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.

Lawrence K. Hey — January 2, 2012
Signature — *Date*

LAWRENCE K. HEY
Print or Type Name

[redacted]

PRESIDENT
Title

Form 630 Rev. 08/08