



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 02904-261
401.222.304

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. 107301	2. Name of Corporation Safety Marking, Inc.
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3. Street Address Principal Business Office 59 Stilson Road	City Wyoming	State RI	Zip 02898
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4. Business Phone No. 401-539-4215	5. State of Incorporation Connecticut
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6. Brief Description of the Character of Business Conducted in Rhode Island
Roadway Line Striping

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

President Name Mark Kelly	Vice President Name
Street Address 55 West Road	Street Address
City Easton	City
State CT	State
Zip 06612	Zip

Secretary Name Pamela Kelly	Treasurer Name
Street Address 55 West Road	Street Address
City Easton	City
State CT	State
Zip 06612	Zip

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

Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

9. SHARES AUTHORIZED **10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)**

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.	ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
	Number of Shares	Class/Series	Par Value
	100	Common	No Par Value
	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
JAN 31 2012
File Date
Check No. 29926
By: [Signature]
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: [Signature] Date: 1-3-12
Mark Kelly
Print or Type Name
President
Title