



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2014**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 160445		2. Exact name of the Corporation KCG Safety Optics, Inc.			
3. Principal office address 215 Broadway		City Providence		State RI	Zip 02903
4. Business Phone No. (401) 272-3900		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Manufacture/distribution and sales of protective eye wear					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Kim Chace			Vice-President Name Cheryl A. Geller		
Street Address 130 Hemond Avenue			Street Address 46 Raymond Drive		
City Woonsocket	State RI	Zip 02895	City Cumberland	State RI	Zip 02864
Secretary Name Cheryl A. Geller			Treasurer Name Kim Chace		
Street Address 46 Raymond Drive			Street Address 130 Hemond Avenue		
City Cumberland	State RI	Zip 02864	City Woonsocket	State RI	Zip 02895
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Kim Chace			Director Name Cheryl A. Geller		
Street Address 130 Hemond Avenue			Street Address 46 Raymond Drive		
City Woonsocket	State RI	Zip 02895	City Cumberland	State RI	Zip 02895
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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	CLASS/SERIES	PAR VALUE
			8,000	common	\$0.01

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

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BY 2218

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 of Authorized Representative

Kim Chace

Print or Type Name of Authorized Representative

Date

3/5/14