



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 2016

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. 26070		2. Exact name of the Corporation JONES SAFETY EUIPMENT COMPANY			
3. Principal office address 325 MASSASOIT AVENUE		City EAST PROVIDENCE	State R.I.	Zip 02914	
4. Business Phone No. 401-434-4010		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island MANUFACTURE OF PERSONAL PROTECTIVE EYEWEAR.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name LAWRENCE K. HEY			Vice-President Name BRUCE B. HEY		
Street Address 125 CATLIN AVENUE			Street Address 325 MASSASOIT AVENUE		
City EAST PROVIDENCE	State R.I.	Zip 02916	City EAST PROVIDENCE	State R.I.	Zip 02914
Secretary Name LAWRENCE K. HEY			Treasurer Name JUDITH P. HEY		
Street Address 125 CATLIN AVENUE			Street Address 325 MASSASOIT AVENUE		
City EAST PROVIDENCE	State R.I.	Zip 02916	City EAST PROVIDENCE	State R.I.	Zip 02914
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name LAWRENCE K. HEY			Director Name BRUCE B. HEY		
Street Address 125 CATLIN AVENUE			Street Address 325 MASSASOIT AVENUE		
City EAST PROVIDENCE	State R.I.	Zip 02916	City EAST PROVIDENCE	State R.I.	Zip 02914
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
			1000.	Common/	NO 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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

FILED

JAN 13 2016

BY 16L1430

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
Signature of Authorized Representative

01-11-16
Date

LAWRENCE K. HEY
Print or Type Name of Authorized Representative