



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2017**

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 26070		2. Exact name of the Corporation JONES SAFETY EQUIPMENT COMPANY			
3. Principal Office Address 325 MASSASOIT AVE		City EAST PROVIDENCE		State R.I.	Zip 02914
4. Business Phone Number: 401-434-4010		6. Brief description of the character of business conducted in Rhode Island MANUFACTURE OF PERSONAL PROTECTIVE EYEWEAR			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name LAWRENCE K. HEY			Vice-President Name BRUCE B. HEY		
Street Address 125 CATLIN AVE			Street Address 325 MASSASOIT AVE		
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 AVE			Street Address 325 MASSASOIT AVE		
City EAST PROVIDENCE	State R.I.	Zip 02916	City EAST PROVIDENCE	State R.I.	Zip 02914
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name LAWRENCE K. HEY			Director Name BRUCE B. HEY		
Street Address 125 CATLIN AVE			Street Address 325 MASSASOIT AVE		
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					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
1000		Common/		NO PAR VALUE	
11. 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.					
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.					
Name of Authorized Representative LAWRENCE K. HEY					Date 01-01-17
Signature of Authorized Representative <i>Lawrence K. Hey</i>					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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