



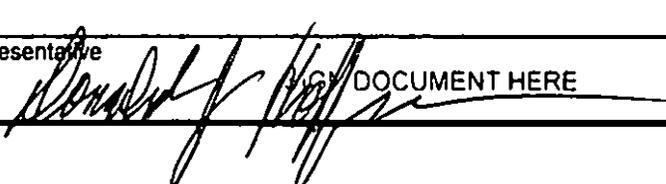
State of Rhode Island and Providence Plantations  
 Department of State - Business Services Division

Annual Report for the year: **2016**

Corporation

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

**RECEIVED STAMP**  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
 2017 SEP 18 PM 12:40

1. Entity ID Number <b>140006</b>		2. Exact name of the Corporation <b>Safety Engineering Laboratories, Inc.</b>			
3. Principal Office Address <b>27803 College Park Dr</b>			City <b>Warren</b>	State <b>MI</b>	Zip <b>48088</b>
4. NAICS Code <b>541330</b>		6. Brief description of the character of business conducted in Rhode Island <b>Engineering Analysis</b>			
5. State of Incorporation <b>Michigan</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>Donald J. Hoffmann</b>			Vice-President Name		
Street Address <b>1368 Three Mile Drive</b>			Street Address		
City <b>Grosse Pointe Park</b>	State <b>MI</b>	Zip <b>48230</b>	City	State	Zip
Secretary Name <b>Donald J. Hoffmann</b>			Treasurer Name <b>Rachael F. Hoffmann</b>		
Street Address <b>1368 Three Mile Drive</b>			Street Address <b>2683 S. Lakeshore Road</b>		
City <b>Grosse Pointe Park</b>	State <b>MI</b>	Zip <b>48230</b>	City <b>Applegate</b>	State <b>MI</b>	Zip <b>48401</b>
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <b>John M. Hoffmann</b>			Director Name		
Street Address <b>2683 S. Lakeshore Road</b>			Street Address		
City <b>Applegate</b>	State <b>MI</b>	Zip <b>48401</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.  Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		<b>726</b>	<b>Common</b>	<b>10</b>	
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 <b>Donald J. Hoffmann</b>					Date <b>September 12, 2017</b>
Signature of Authorized Representative 					<b>FILED</b>

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

**SEP 18 2017**  
 BY 312744  
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 FORM 630 - Revised: 08/2017