



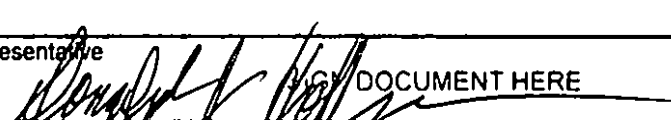
State of Rhode Island and Providence Plantations  
 Department of State - Business Services Division

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.

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 BUS SVCS DIV  
 2017 SEP 18 PM 12:40

|  |                    |  |   |   |                     |
|--|--------------------|--|---|---|---------------------|
| 1. Entity ID Number<br><b>140006</b>   |                    | 2. Exact name of the Corporation<br><b>Safety Engineering Laboratories, Inc.</b>                           |   |   |                     |
| 3. Principal Office Address<br><b>27803 College Park Dr</b>  |                    |  | City<br><b>Warren</b>   | State<br><b>MI</b>  | Zip<br><b>48088</b> |
| 4. NAICS Code<br><b>541330</b>   |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>Engineering Analysis</b> |   |   |                     |
| 5. State of Incorporation<br><b>Michigan</b>   |                    |  |   |   |                     |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                    |  |   |   |                     |
| President Name<br><b>Donald J. Hoffmann</b>  |                    |  | Vice-President Name   |   |                     |
| Street Address<br><b>1368 Three Mile Drive</b>   |                    |  | Street Address  |   |                     |
| City<br><b>Grosse Pointe Park</b>  | State<br><b>MI</b> | Zip<br><b>48230</b>  | City  | State   | Zip                 |
| Secretary Name<br><b>Donald J. Hoffmann</b>  |                    |  | Treasurer Name<br><b>Rachael F. Hoffmann</b>  |   |                     |
| Street Address<br><b>1368 Three Mile Drive</b>   |                    |  | Street Address<br><b>2683 S. Lakeshore Road</b>   |   |                     |
| City<br><b>Grosse Pointe Park</b>  | State<br><b>MI</b> | Zip<br><b>48230</b>  | City<br><b>Applegate</b>  | State<br><b>MI</b>  | Zip<br><b>48401</b> |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |                    |  |   |   |                     |
| Director Name<br><b>John M. Hoffmann</b>   |                    |  | Director Name   |   |                     |
| Street Address<br><b>2683 S. Lakeshore Road</b>  |                    |  | Street Address  |   |                     |
| City<br><b>Applegate</b>   | State<br><b>MI</b> | Zip<br><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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |   |                     |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.   |                    |  | NUMBER OF SHARES  |   | 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.<br><i>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.</i> |                    |  |   |   |                     |
| Name of Authorized Representative<br><b>Donald J. Hoffmann</b>   |                    |  |   | Date<br><b>September 12, 2017</b>                                       |                     |
| Signature of Authorized Representative<br>   |                    |  |   | <b>FILED</b><br>SEP 18 2017<br>BY <b>312744</b><br><b>A.A. 12:45 PM</b> |                     |

MAIL TO:  
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