



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

Annual Report for the year: **2012**
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
R.I. DEPT. OF STATE
BUS SVCS DIV
2017 SEP 18 PM 12:40
STAMP
FOR
SECRETARY OF STATE
USE ONLY

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

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 *3/2/17*
A.H. 12:41 PM
FORM 630 - Revised: 08/2017