



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

| | | | | | |
|---|--------------|--|------------------|--------------|--------------|
| 1. Corporate ID No. 101448 | | 2. Name of Corporation Greenwich Safety, Inc. | | | |
| 3. Street Address Principal Business Office 3661 West Shore Road | | | City Warwick | State RI | Zip 02886 |
| 4. Business Phone No. (401) 732-9200 | | 5. State of Incorporation Rhode Island | | | 6. SIC Code |
| 7. Brief Description of the Character of Business Conducted in Rhode Island TO SELL, MARKET AND DISTRIBUTE SAFETY PRODUCTS AND RELATED GOODS | | | | | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name Kevin W. Simon | | Vice President Name Ron Fera | | | |
| Street Address 3661 West Shore Road | | Street Address 3661 West Shore Road | | | |
| City Warwick | State RI | Zip 02886 | City Warwick | State RI | Zip 02886 |
| Secretary Name | | Treasurer Name | | | |
| Street Address | | Street Address | | | |
| City | State | Zip | City | State | Zip |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name | | Director Name | | | |
| Street Address | | Street Address | | | |
| City | State | Zip | City | State | Zip |
| Director Name | | Director Name | | | |
| Street Address | | Street Address | | | |
| City | State | Zip | City | State | Zip |
| 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| AUTHORIZED SHARES | | | ISSUED SHARES | | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| 8,000 | | \$.01 Par Value | 100 | | \$.01 |

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



1 0 1 4 4 8

File Date 1/27/05

Check No. 125938

By: WS.

FOR SECRETARY OF STATE USE ONLY

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.

[Signature] 1/20/05
Signature of Officer Date
RONALD FERA
Print or Type Name of Officer
Vice President
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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| | | | | | |
|---|--|--|-----------------|-------------|--------------|
| 1. Corporate ID No. 101448 | | 2. Name of Corporation Greenwich Safety, Inc. | | | |
| 3. Street Address Principal Business Office 3661 West Shore Road | | | City Warwick | State RI | Zip 02886 |
| 4. Business Phone No. (401) 732-9200 | | 5. State of Incorporation RHODE ISLAND | | | 6. SIC Code |

7. Brief Description of the Character of Business Conducted in Rhode Island
TO SELL, MARKET AND DISTRIBUTE SAFETY PRODUCTS AND RELATEDGOODS.

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

| | | | | | |
|--|-------------|--------------|--|-------------|--------------|
| President Name Kevin W. Simon | | | Vice President Name Ron Fera | | |
| Street Address 3661 West Shore Road | | | Street Address 3661 West Shore Road | | |
| City Warwick | State RI | Zip 02886 | City Warwick | State RI | Zip 02886 |
| Secretary Name | | | Treasurer Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

| | | | | | |
|----------------|-------|-----|----------------|-------|-----|
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |

| | | | | | |
|---|------------------|-----------|---|--------------|-----------|
| 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | |
| AUTHORIZED SHARES | | | ISSUED SHARES | | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| 8,000 | \$0.01 PAR VALUE | | 100 | | 0.01 |

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



1 0 1 4 4 8

101448 DBC 03/10/04 03:19:33 PM

File Date 3/10/04

Check No. 11580

By: SG

FOR SECRETARY OF STATE USE ONLY

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.

Kevin W. Simon 3/11/04
Signature of Officer Date

KEVIN W. SIMON
Print or Type Name of Officer

PRESIDENT
Title of Officer

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **101449**
2. Name of Corporation **Greenwich Safety, Inc.**
3. Street Address Principal Business Office
575 Main Street
4. Business Phone No. **(401) 885-1043**
5. State of Incorporation **RHODE ISLAND**
7. Brief Description of the Character of Business Conducted in Rhode Island
Safety Products Distributor

City **East Greenwich** State **RI** Zip **02818**
6. SIC Code **60**

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name **Kevin W. Simon**
Street Address **Same as above**
City _____ State _____ Zip _____
Secretary Name _____
Street Address _____
City _____ State _____ Zip _____

Vice President Name **Ron Fera**
Street Address **Same as above**
City _____ State _____ Zip _____
Treasurer Name _____
Street Address _____
City _____ State _____ Zip _____

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name **Kevin W. Simon**
Street Address **Same as above**
City _____ State _____ Zip _____
Director Name _____
Street Address _____
City _____ State _____ Zip _____

Director Name _____
Street Address _____
City _____ State _____ Zip _____
Director Name _____
Street Address _____
City _____ State _____ Zip _____

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
8,000 \$0.01 PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
100 0.01

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 0 1 4 4 8 *

File Date: 2/12/03
Check No.: 10064
By: [Signature]

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.

[Signature] 2/7/03
Signature of Officer Date

Kevin W. Simon
Print or Type Name of Officer

President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **101448** 2. Name of Corporation **Greenwich Safety, Inc.**
3. Street Address Principal Business Office **575 Main Street** City **East Greenwich** State **RI** Zip **02818**
4. Business Phone No. **(401) 885-1043** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **60**
7. Brief Description of the Character of Business Conducted in Rhode Island

Safety Products Distributor

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

| | |
|---|--|
| President Name Kevin W. Simon Street Address Same as above City _____ State _____ Zip _____ | Vice President Name Ron Fera Street Address Same as above City _____ State _____ Zip _____ |
| Secretary Name _____ Street Address _____ City _____ State _____ Zip _____ | Treasurer Name _____ Street Address _____ City _____ State _____ Zip _____ |

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

| | |
|--|---|
| Director Name Kevin W. Simon Street Address Same as above City _____ State _____ Zip _____ | Director Name _____ Street Address _____ City _____ State _____ Zip _____ |
| Director Name _____ Street Address _____ City _____ State _____ Zip _____ | Director Name _____ Street Address _____ City _____ State _____ Zip _____ |

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
8,000 \$0.01 PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
100 0.01

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 0 1 4 4 8 *

File Date: 2-27-02
Check No.: 3421
By: [Signature]

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.

Signature of Officer: [Signature] Date: 2-22-02
Print or Type Name of Officer: Kevin W. Simon
Title of Officer: President



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **101448** 2. Name of Corporation **Greenwich Safety, Inc.**

3. Street Address Principal Business Office **575 MAIN STREET** City **EAST GREENWICH** State **RI** Zip **02818**
4. Business Phone No. **(401) 885-1043** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **60**

7. Brief Description of the Character of Business Conducted in Rhode Island
SAFETY PRODUCTS DISTRIBUTOR

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

| | |
|--|--|
| President Name KEVIN W. SIMON | Vice President Name RON FERA |
| Street Address SAME AS ABOVE | Street Address SAME AS ABOVE |
| City State Zip | City State Zip |

| | |
|--|--|
| Secretary Name | Treasurer Name |
| Street Address | Street Address |
| City State Zip | City State Zip |

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

| | |
|--|--|
| Director Name KEVIN W. SIMON | Director Name |
| Street Address SAME AS | Street Address |
| City State Zip | City State Zip |
| Director Name | Director Name |
| Street Address | Street Address |
| City State Zip | City State Zip |

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

| AUTHORIZED SHARES | Number of Shares | Class/Series | Par Value |
|-------------------|------------------|-------------------------|-----------|
| | 8,000 | \$0.01 PAR VALUE | |

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

| ISSUED SHARES | Number of Shares | Class/Series | Par Value |
|---------------|------------------|---------------|---------------|
| | 100 | Common | \$0.01 |

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 0 1 4 4 8 *

File Date: 3/5
Check No.: 25-11
By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

[Signature] Date 2-23-01
Signature of Officer
KEVIN W. SIMON
Print or Type Name of Officer
PRESIDENT
Title of Officer

pl 3/2 2511



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

| | | | |
|---|--------------------|---|--------------------|
| 1. Corporate ID No. 101448 | | 2. Name of Corporation Greenwich Safety, Inc. | |
| 3. Street Address Principal Business Office 575 Main Street | | City East Greenwich | State RI |
| 4. Business Phone No. (401) 885-1043 | | 5. State of Incorporation RHODE ISLAND | |
| 6. SIC Code 50 | | | |
| 7. Brief Description of the Character of Business Conducted in Rhode Island Industrial Safety Distributor | | | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS | | | |
| President Name Kevin W. Simon | | Vice President Name | |
| Street Address 10 Sheep Farm Drive | | Street Address | |
| City East Greenwich | State RI | City | State |
| Zip 02818 | | Zip | |
| Secretary Name | | Treasurer Name | |
| Street Address | | Street Address | |
| City | State | City | State |
| Zip | | Zip | |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS | | | |
| Director Name Kevin W. Simon | | Director Name | |
| Street Address 10 Sheep Farm Drive | | Street Address | |
| City East Greenwich | State RI | City | State |
| Zip 02818 | | Zip | |
| Director Name | | Director Name | |
| Street Address | | Street Address | |
| City | State | City | State |
| Zip | | Zip | |
| 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) | | | |
| AUTHORIZED SHARES | | | |
| Number of Shares 8,000 | Class/Series | Par Value \$0.01 | |
| PAR VALUE | | | |
| 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) | | | |
| ISSUED SHARES | | | |
| Number of Shares 0 | Class/Series | Par Value | |
| 0 | | | |

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: Feb 24, 99
Check No.: 1176
By: [Signature]

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.

Signature of Officer: [Signature] Date: 2-12-99
Print or Type Name of Officer: Kevin W. Simon 2/12/99
Title of Officer: President