



State of Rhode Island
Department of State - Business Services Division

FEB 14 2024

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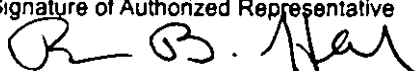
Annual Report for the year: 2024

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 000026070		2. Exact name of the Corporation Jones Safety Equipment Company			
3. Principal Office Address 325 Massasoit Avenue			City East Providence	State RI	Zip 02914
4. NAICS Code 339115		6. Brief description of the character of business conducted in Rhode Island Manufacture of personal protective eyewear.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name			Vice-President Name Bruce B. Hey		
Street Address			Street Address 325 Massasoit Avenue		
City	State	Zip	City East Providence	State RI	Zip 02914
Secretary Name			Treasurer Name Judith P. Hey		
Street Address			Street Address 325 Massasoit Avenue		
City	State	Zip	City East Providence	State RI	Zip 02914
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Bruce B. Hey			Director Name		
Street Address 325 Massasoit Avenue			Street Address		
City East Providence	State RI	Zip 02914	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		
			1,000.00	CNP	\$0.0000
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 Bruce B. Hey, Director				Date 2/12/2024	
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov