'State of Rhode Island
Department of State - Business Services Division

FEB 14 2024
3109 R

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	2. Exact name of the Corporation
000026070	Jones Safety Equipment Company

3. Principal Office Address	City	State	Zip
325 Massasoit Avenue	East Providence	RI	02914

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
339115	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

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES*	CLASS/SERIES	PAR VALUE
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	Date
Bruce B. Hey, Director	2/12/2024

Signature of Authorized Representative
R B. Hey

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

FORM 630- Revised: 12/2023