



State of Rhode Island  
Department of State - Business Services Division

FEB 14 2024

3109 R

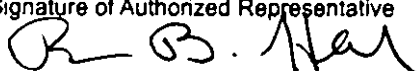
Annual Report for the year: 2024

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<br>000026070                                                                                                                                                                                                                  |             | 2. Exact name of the Corporation<br>Jones Safety Equipment Company                                                         |                                                                                                                       |                   |              |
| 3. Principal Office Address<br>325 Massasoit Avenue                                                                                                                                                                                               |             |                                                                                                                            | City<br>East Providence                                                                                               | State<br>RI       | Zip<br>02914 |
| 4. NAICS Code<br>339115                                                                                                                                                                                                                           |             | 6. Brief description of the character of business conducted in Rhode Island<br>Manufacture of personal protective eyewear. |                                                                                                                       |                   |              |
| 5. State of Incorporation<br>RI                                                                                                                                                                                                                   |             |                                                                                                                            |                                                                                                                       |                   |              |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                    |             |                                                                                                                            |                                                                                                                       |                   |              |
| President Name                                                                                                                                                                                                                                    |             |                                                                                                                            | Vice-President Name<br>Bruce B. Hey                                                                                   |                   |              |
| Street Address                                                                                                                                                                                                                                    |             |                                                                                                                            | Street Address<br>325 Massasoit Avenue                                                                                |                   |              |
| City                                                                                                                                                                                                                                              | State       | Zip                                                                                                                        | City<br>East Providence                                                                                               | State<br>RI       | Zip<br>02914 |
| Secretary Name                                                                                                                                                                                                                                    |             |                                                                                                                            | Treasurer Name<br>Judith P. Hey                                                                                       |                   |              |
| Street Address                                                                                                                                                                                                                                    |             |                                                                                                                            | Street Address<br>325 Massasoit Avenue                                                                                |                   |              |
| City                                                                                                                                                                                                                                              | State       | Zip                                                                                                                        | City<br>East Providence                                                                                               | State<br>RI       | Zip<br>02914 |
| 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>Bruce B. Hey                                                                                                                                                                                                                     |             |                                                                                                                            | Director Name                                                                                                         |                   |              |
| Street Address<br>325 Massasoit Avenue                                                                                                                                                                                                            |             |                                                                                                                            | Street Address                                                                                                        |                   |              |
| City<br>East Providence                                                                                                                                                                                                                           | State<br>RI | Zip<br>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.<br><br>Changes require an additional filing.                                                                                                                                  |             |                                                                                                                            | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                   |              |
|                                                                                                                                                                                                                                                   |             |                                                                                                                            | 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. |             |                                                                                                                            |                                                                                                                       |                   |              |
| <b>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.</b>                                       |             |                                                                                                                            |                                                                                                                       |                   |              |
| Name of Authorized Representative<br>Bruce B. Hey, Director                                                                                                                                                                                       |             |                                                                                                                            |                                                                                                                       | Date<br>2/12/2024 |              |
| Signature of Authorized Representative<br>                                                                                                                     |             |                                                                                                                            |                                                                                                                       |                   |              |

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