



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

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 SECRETARY OF BUSINESS
 CORPORATIONS DIVISION
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Annual Report for the year: 2018
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 000304522		2. Exact name of the Corporation B-SAFE INDUSTRIES INC			
3. Principal Office Address 1 FRONT ST			City CUMBERLAND	State RI	Zip 02864
4. NAICS Code 339900		6. Brief description of the character of business conducted in Rhode Island PURCHASE, SALE + DISTRIBUTION OF LAW ENFORCEMENT + MILITARY EQUIPMENT			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name LEONARD JOHNSON			Vice-President Name RICHARD BRUSO		
Street Address 1 FRONT ST			Street Address 10 SOUTH MEADOW RIDGE		
City CUMBERLAND	State RI	Zip 02864	City CONCORD	State MA	Zip 01742
Secretary Name JONATHAN WEITZNER			Treasurer Name JAMES BRUSO		
Street Address 1 FRONT ST			Street Address 198 BRISTOL RD		
City CUMBERLAND	State RI	Zip 02864	City WELLESLEY	State MA	Zip 02481
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name LEONARD JOHNSON			Director Name RICHARD BRUSO		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name JONATHAN WEITZNER			Director Name JAMES BRUSO		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		900		CWP	\$.01
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 LEONARD JOHNSON				Date 6-5-2018	
Signature of Authorized Representative <div style="text-align: center;">SIGN DOCUMENT HERE FILED</div>					

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

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