

<b>SCC eFile</b>	<b>2015 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	215508932
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1.) CORPORATION NAME: <b>NORTHERN SAFETY CO., INC.</b> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CT CORPORATION SYSTEM          4701 COX ROAD, SUITE 285          GLEN ALLEN, VA</b> 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b> 4.) STATE OR COUNTRY OF INCORPORATION: <b>NY</b>	DUE DATE: <b>3/31/2015</b> SCC ID NO: <b>F1740887</b> 5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">CLASS</th> <th style="width:50%;">AUTHORIZED</th> </tr> </thead> <tbody> <tr> <td>COMA</td> <td style="text-align: right;">700,000</td> </tr> <tr> <td>COMB</td> <td style="text-align: right;">150,000</td> </tr> <tr> <td>PREF A</td> <td style="text-align: right;">136,950</td> </tr> </tbody> </table>	CLASS	AUTHORIZED	COMA	700,000	COMB	150,000	PREF A	136,950
CLASS	AUTHORIZED								
COMA	700,000								
COMB	150,000								
PREF A	136,950								

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 232 INDUSTRIAL PARK DR  CITY/ST/ZIP: FRANKFORT, NY 13340
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7.) DIRECTORS AND PRINCIPAL OFFICERS:	All directors and principal officers must be listed. An individual may be designated as both a director and an officer.
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NAME: NEIL SEXTON TITLE: PRESIDENT ADDRESS: PO BOX 4250 CITY/ST/ZIP/CO: UTICA, NY 13504-4250	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: ROBIN FOSTINI TITLE: VP/DTR ADDRESS: PO BOX 4250 CITY/ST/ZIP/CO: UTICA, NY 13504-4250	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: SALVATORE LONGO TITLE: CEO/DTR ADDRESS: PO BOX 4250 CITY/ST/ZIP/CO: UTICA, NY 13504-4250	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: MARTHA MOOREHEAD TITLE: CFO ADDRESS: PO BOX 4250 CITY/ST/ZIP/CO: UTICA, NY 13504-4250	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ SALVATORE LONGO	SALVATORE LONGO, CEO/DTR	3/9/2015
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.