# U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)  SECTION A – TYPE OF REPORT													ration Dat		
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		SECT	TION E	B – EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
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ADDRESS							Cl	TY/TOV	VN			STATE		ZIP CC	DDE
32 Third Av	enue.							RLINGT				MA		0180	
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SECTION C – H HO/ESTABLISHMENT-LEVEL UNIT ID	EADQU	ARTE	RS OR							TION (1: Γ-LEVEL		able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					неарс	QUARTE	KS OK ES	STABLE	SHIVIEN.	I-LEVEL	NAME				
HEADQUARTERS OR ESTABLISHM	ENT-LEV	VEL ADE	DRESS				Cl	TY/TOV	VN			STATE		ZIP CC	DDE
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		SECTION	ON E -	- EMPL	OYER	FILING	ELIGI	BILIT	Y						
X YES (Employer Is Eligibl	e to File)	ΠNO	(Empl	over Is N	Not Elig	ible to F	ile) $\square$	EMPL	OYER	NO LOI	NGER I	N BUS	INESS		
											, OLIV		11200		
SE	CTION	F - FEI	DEKAI	L CONT	IKACI	OR DE	SIGNA	TION (	if applic	cable)					
Unique Entity ID (UEI): UNAVAILABLE															
☐ YES (Single-Establishment Employer is Federal Contractor) ▼ YES (Multi-Establishment Employer is Federal Contractor)															
YES (Headquarters is Federal Contractor) TYES (Non-Headquarters Establishment is Federal Contractor)															
	▼ YES (One or More Non-Headquarters Establishments is Federal Contractor)  SECTION G – NAICS INFORMATION														
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	Male	Female	White	ck or Afric American	Asian	wa Ic I	₽ E	ore	White	Black or an Amer	Asian	ات ات	Na Na	ore	Total
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Executive/Senior Level Officials and Managers	0	0	40	0	_	0	0	0	2	0	1	0	0	0	47
First/Mid-Level Officials and Managers	0 4	0	12 16	2	3	0	0	0	8	0	0	0	0	0	17 33
Professionals	3 1 25 6 11 0 0 0 25 3 7 0 0 0 81														
Technicians	3	7	8	2	9	1	0	1	12	3	7	0	0	0	53
Sales Workers	1	0	28	2	2	0	0	2	20	2	1	0	0	0	58
Administrative Support Workers	2	5	4	0	9	0	0	0	8	0	2	0	0	0	30
Craft Workers Operatives	2	10	0 5	0 12	33	0	0	0	3	2	0 125	0	0	0	0 192
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	15	23	98	24	69	1	0	3	78	10	143	0	0	0	464
PRIOR 2022 REPORTING YEAR TOTAL	14	23	98	10	72	1	0	4	74	10	146	2	0	2	456
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10/15/2023 - 10/28/2023

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

Not Applicable

#### EEOC Standard Form 100 (SF 100) U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) Revised 08/2023 OMB Control Number: 3046-0049 2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 11/30/2026 SECTION K - OFFICIAL CERTIFICATION OF SUBMISSION EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME AA01742 LEMAITRE VASCULAR INC. ADDRESS CITY/TOWN STATE ZIP CODE **BURLINGTON** 01803 32 Third Avenue ${\sf MA}$ CERTIFICATION COMMENTS (optional) No Certification Comments Provided

### CERTIFICATION STATEMENT

"I certify that the information, including any workforce demographic data, provided in this report is correct and true to the best of my knowledge and was prepared in conformity with the directions set forth in the form and accompanying instructions."

Knowingly and willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.

# DATE OF CERTIFICATION 5/23/2024 3:32 PM [EST]

EMPLOYER'S CERTIFYING OFFICIAL  Name of Employer's Certifying Official  Title of Certifying Official											
Name of Employer's Certifying Official	Title of Certifying Official										
Kathy E Perriello	Manager, HR										
Email Address of Certifying Official	Telephone Number of Certifying Official										
kperriello@lemaitre.com	781-425-1692										
PRIMARY POINT OF CONTACT (POC) F	FOR EEO-1 COMPONENT 1 REPORTING										
Name of Primary POC	Title and Employer of Primary POC										
Kathy E Perriello	Manager, HR										
*	Lemaitre Vascular										
Email Address of Primary POC	Telephone Number of Primary POC										
kperriello@lemaitre.com	781-425-1692										

#### U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2022 EMDLOVED INFORMATION DEPORT (FEO. 1 COMPONENT 1)

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049

2023 EMI LOTER INFORMATION REFORT (EEO-T COMI ONEMTT)										Expir	ation Dat	e: 11/30/	2026		
SECTION A – TYPE OF REPORT HEADQUARTERS REPORT															
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		SECT	TON B	В – ЕМР	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N							
AA01742						LEM	AITRE	VASC	JLAR II	NC.					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE
32 Third Av	enue						BUF	RLING1	ON			MA		0180	03
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HO/ESTABLISHMENT-LEVEL UNIT ID	LADQU	AKIL	NS OK							Γ-LEVEL		ible)			
AA01742						•	AITRE								
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE												DE			
32 Third Av							BUF	RLING1	ON			MA		0180	)3
	SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)														
	SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 042825458														
	5	SECTION	ON E -	EMPL	OYER	FILING	ELIGI	BILITY	Y						
X YES (Employer Is Eligible	to File)	□ NO	(Emple	oyer Is N	Not Elig	ible to F	ile)	EMPL	OYER	NO LON	NGER I	IN BUS	INESS		
SEC	CTION	F – FE	DERAI	L CONT	TRACT	OR DE	SIGNA'	ΓΙΟΝ (i	if applic	able)					
						UNAVA				,					
☐ YES (Single-Establishm	ent Emp	oloyer is	Federa	l Contra	ctor) 🔀	YES (N	Multi-Es	tablishm	nent Em	ployer is	Federa	l Contra	ctor)		
X YES (F	- Jeadana	rtere ie l	Federal	Contrac	tor)	VFS (N	on-Head	lanarter	c Ectabl	ichment	is Feder	al Contr	actor)		
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				Ë		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		Afri		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
						<b>~</b> 5	7	-				<b>~</b> 5	*	-	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	1	0	0	0	0	0	2
Professionals	0	0	1	1	0	0	0	0	0	0	0	0	0	0	2

SECTION I – WORKFORCE SNAPSHOT PERIOD

10/15/2023 - 10/28/2023

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

This is our establishment at 43 Second Ave. I am unable to update the report to reflect our new headquarters located at 32 Third Ave.

Technicians

Sales Workers

Craft Workers

Service Workers

Laborers and Helpers

Operatives

Administrative Support Workers

**CURRENT 2023 REPORTING YEAR TOTAL** 

PRIOR 2022 REPORTING YEAR TOTAL

## U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

SECTION A - TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT												
	SECTION B - EMPLO	OYER IDENTIFICATION										
OFS COMPANY ID EMPLOYER NAME												
AA01742 LEMAITRE VASCULAR INC.												
ADDRESS CITY/TOWN STATE ZIP CODE												
32 Third Avenue BURLINGTON MA 01803												
SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)												
HQ/ESTABLISHMENT-LEVEL UNIT ID												
HW40220		LEMAITRE VASCULAR INC.										
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE								
2-4 NOR	TH AVE.	BURLINGTON	MA	01803								
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 042825458												
SECTION E – EMPLOYER FILING ELIGIBILITY												
X YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS												

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)

<u>Unique Entity ID (UEI):</u> UNAVAILABLE

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

## SECTION G - NAICS INFORMATION

339112 - Surgical and Medical Instrument Manufacturing
SECTION H - WORKFORCE DEMOGRAPHIC DATA

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							Race/E	thnicity	y						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
İ															
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	1	0	6	0	0	0	0	0	0	0	0	0	7
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	1	1	0	0	0	0	0	0	0	1	0	0	0	3
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	0	1	2	0	7	0	0	0	0	0	1	0	0	0	11
PRIOR 2022 REPORTING YEAR TOTAL	2	1	2	0	4	0	0	0	0	0	2	0	0	0	11

SECTION I – WORKFORCE SNAPSHOT PERIOD

10/15/2023 - 10/28/2023

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100)

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)  2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)  Revised 08/2023  OMB Control Number: 3046-00  Expiration Date: 11/30/2026																	
		2-0	TYPE OF REPORT		l .												
			NT-LEVEL REPORT														
	SECT	TON B - EMPLO	OYER IDENTIFICATION														
OFS COMPANY ID			EMPLOYER NAME														
AA01742																	
ADDRESS	ADDRESS CITY/TOWN STATE ZIP COL																
32 Third A	renue BURLINGTON MA 0180																
	- HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)																
HQ/ESTABLISHMENT-LEVEL UNIT ID	HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME																
GX54922	LEMAITRE VASCULAR INC.											(54922 LEMAITRE VASCULAR INC.					
HEADQUARTERS OR ESTABLISHM	MENT-LEVEL ADD	RESS	CITY/TOWN		STATE	ZIP CC	DE										
63 2ND AV	'ENUE		BURLINGTON		MA	0180	)3										
	SECTION D -		DENTIFICATION NUMBER (E 2825458	IN)													
	SECTIO	ON E – EMPLOY	ER FILING ELIGIBILITY														
X YES (Employer Is Eligib	le to File) NO	(Employer Is Not	Eligible to File)	R NO LONGE	R IN BUSIN	ESS											
SI			ACTOR DESIGNATION (if app <u>II)</u> : UNAVAILABLE	olicable)													
☐ YES (Single-Establish	ment Employer is	Federal Contractor	r) X YES (Multi-Establishment l	Employer is Fed	eral Contracto	or)											
X YES	(Headquarters is I	Federal Contractor	YES (Non-Headquarters Est	ablishment is Fe	deral Contrac	etor)											
X YES (One or More Non-Headquarters Establishments is Federal Contractor)																	
			ICS INFORMATION dical Instrument Manufacturing														
			RCE DEMOGRAPHIC DATA														
	SECTION	,, 51411-01	Race/Ethnicity														
Hispanic Not Hispanic or Latino																	
	or Latino		Male		emale		1										

							Race/E	thnicit	у						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale		•			Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
First/Mid-Level Officials and Managers	0	0	5	0	0	0	0	0	0	0	0	0	0	0	5
Professionals	1	0	4	1	2	0	0	0	0	0	0	0	0	0	8
Technicians	0	1	3	0	3	0	0	0	1	1	4	0	0	0	13
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	1	1	1	0	1	0	0	0	1	0	0	0	0	0	5
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	1	6	3	0	28	0	0	0	2	1	90	0	0	0	131
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	3	8	18	1	34	0	0	0	4	2	94	0	0	0	164
PRIOR 2022 REPORTING YEAR TOTAL	3	7	18	1	35	0	0	0	5	2	101	0	0	0	172

SECTION I – WORKFORCE SNAPSHOT PERIOD 10/15/2023 - 10/28/2023

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

# U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

SECTION A - TYPE OF REPORT **ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME AA01742 LEMAITRE VASCULAR INC. ADDRESS CITY/TOWN STATE ZIP CODE 32 Third Avenue **BURLINGTON** MA 01803 SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME JJ05282 LEMAITRE VASCULAR INC. HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 206 NORTH CENTER DRIVE NORTH BRUNSWICK NJ 08902

# SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)

042825458

# SECTION E – EMPLOYER FILING ELIGIBILITY

X YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS

# SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): UNAVAILABLE

YES (Single-Establishment Employer is Federal Contractor) X YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

**X** YES (One or More Non-Headquarters Establishments is Federal Contractor)

#### SECTION G - NAICS INFORMATION

339112 - Surgical and Medical Instrument Manufacturing

### SECTION H - WORKFORCE DEMOGRAPHIC DATA

	) JE	CHO	4 11 — A	OKK	OKCE	DEMO									
							Race/E	thnicit	y						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
First/Mid-Level Officials and Managers	0	0	0	1	0	0	0	0	1	0	0	0	0	0	2
Professionals	0	0	0	2	1	0	0	0	1	0	0	0	0	0	4
Technicians	0	3	2	0	1	0	0	0	7	1	0	0	0	0	14
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	0	3	2	3	2	0	0	0	11	1	0	0	0	0	22
PRIOR 2022 REPORTING YEAR TOTAL	0	4	3	2	1	0	0	0	11	1	0	0	0	0	22

SECTION I - WORKFORCE SNAPSHOT PERIOD

10/15/2023 - 10/28/2023

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$ 

# U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

#### SECTION A - TYPE OF REPORT **ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME AA01742 LEMAITRE VASCULAR INC. ADDRESS CITY/TOWN STATE ZIP CODE 32 Third Avenue **BURLINGTON** MA 01803 SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME HC88151 LEMAITRE VASCULAR INC HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 912 NORTHWEST HIGHWAY FOX RIVER GROVE 60021 IL

# SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)

042825458

# SECTION E – EMPLOYER FILING ELIGIBILITY

X YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS

# SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): UNAVAILABLE

- ☐ YES (Single-Establishment Employer is Federal Contractor) X YES (Multi-Establishment Employer is Federal Contractor)
  - X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)
    - **X** YES (One or More Non-Headquarters Establishments is Federal Contractor)

#### SECTION G - NAICS INFORMATION

339112 - Surgical and Medical Instrument Manufacturing

### SECTION H - WORKFORCE DEMOGRAPHIC DATA

SECTION H - WORKFURCE DEMOGRAPHIC DATA															
							Race/E	thnicit	/						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale		•			Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	1	0	0	0	0	0	2
Professionals	0	0	0	1	0	0	0	0	3	2	1	0	0	0	7
Technicians	2	1	0	0	0	1	0	0	2	1	0	0	0	0	7
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	2	0	0	0	0	0	2
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	2	1	1	1	0	1	0	0	8	3	1	0	0	0	18
PRIOR 2022 REPORTING YEAR TOTAL	0	1	1	1	0	1	0	0	7	4	1	1	0	1	18

SECTION I - WORKFORCE SNAPSHOT PERIOD

10/15/2023 - 10/28/2023

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$ 

#### U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2023 EMDI OVED INFORMATION DEPORT (FEO. 1 COMPONENT 1)

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049

2023 EWII LOTER	INFORMATION REPORT (EI	20-1 COMI ONENI 1)	Expiration	Date: 11/30/2026						
		TYPE OF REPORT NT-LEVEL REPORT								
	SECTION B - EMPLO	OYER IDENTIFICATION								
OFS COMPANY ID EMPLOYER NAME										
AA01742 LEMAITRE VASCULAR INC.										
ADDRESS CITY/TOWN STATE ZIP CODE										
32 Third Avenue BURLINGTON MA 01803										
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)										
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	ИE							
EX98671		LEMAITRE VASCULAR INC.								
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE						
53 SECC	ND AVE	BURLINGTON	MA	01803						
		ENTIFICATION NUMBER (EIN) 2825458								
SECTION E – EMPLOYER FILING ELIGIBILITY										
X YES (Employer Is Elig	tible to File) NO (Employer Is Not	Eligible to File)	R IN BUSINE	SS						
	SECTION F – FEDERAL CONTRA Unique Entity ID (UE	ACTOR DESIGNATION (if applicable)  I): UNAVAILABLE								
_		_								

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

# SECTION G - NAICS INFORMATION

339112 - Surgical and Medical Instrument Manufacturing
SECTION H - WORKFORCE DEMOGRAPHIC DATA

	SE	CTION	1 H – V	VORKE	ORCE	DEMO	GRAPI	HIC DA	TA						
							Race/E	thnicit	y						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fer	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	1	0	1	0	1	0	0	0	1	0	0	0	0	0	4
Professionals	0	0	5	0	1	0	0	0	5	0	1	0	0	0	12
Technicians	1	1	2	2	1	0	0	0	1	0	0	0	0	0	8
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	1	0	0	0	0	0	1	0	0	0	0	0	2
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	1	0	12	0	0	0	0	1	0	7	0	0	0	21
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	2	2	9	14	3	0	0	0	9	0	8	0	0	0	47
DRIOD 2022 DEPORTING VEAR TOTAL	2	2	11	2	14	0	0	0	5	1	8	0	0	0	45
PRIOR 2022 REPORTING YEAR TOTAL				WODK						'	0	U	U	U	40

SECTION I - WORKFORCE SNAPSHOT PERIOD

10/15/2023 - 10/28/2023

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

## U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

SECTION A – TYPE OF REPORT											
ESTABLISHMENT-LEVEL REPORT											
	SECTION B - EMPLO	OYER IDENTIFICATION									
OFS COMPANY ID		EMPLOYER NAME									
AA01742 LEMAITRE VASCULAR INC.											
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE							
32 Third Avenue BURLINGTON MA 01803											
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if app	licable)								
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	ΙΕ								
MN20203		LeMaitre Vascular									
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE											
32 Third Ave. BURLINGTON MA 01803											
SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)											

042825458

#### SECTION E - EMPLOYER FILING ELIGIBILITY

X YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS

# SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): UNAVAILABLE

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

**X** YES (One or More Non-Headquarters Establishments is Federal Contractor)

#### SECTION G - NAICS INFORMATION

339112 - Surgical and Medical Instrument Manufacturing

### SECTION H - WORKFORCE DEMOGRAPHIC DATA

		Race/Ethnicity													
	Hisn	anic	Not Hispanic or Latino												
	or Latino		Male Female												
JOB CATEGORIES	5. 200		The state of the s						- Cindle						
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	10	0	2	0	0	0	1	0	1	0	0	0	14
First/Mid-Level Officials and Managers	3	0	8	1	2	0	0	0	4	0	0	0	0	0	18
Professionals	2	1	15	1	6	0	0	0	16	1	5	0	0	0	47
Technicians	0	0	1	0	1	0	0	0	0	0	2	0	0	0	4
Sales Workers	1	0	28	2	2	0	0	2	20	2	1	0	0	0	58
Administrative Support Workers	1	4	1	0	0	0	0	0	3	0	2	0	0	0	11
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	7	5	64	4	13	0	0	2	44	3	11	0	0	0	153
PRIOR 2022 REPORTING YEAR TOTAL	6	6	61	4	12	0	0	3	45	2	9	1	0	1	150

SECTION I - WORKFORCE SNAPSHOT PERIOD

10/15/2023 - 10/28/2023

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) This report is for our location 32 Third Ave., which is corporate headquarters. I was unable to update the establishments.