

**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**  
CONSOLIDATED REPORT

**SECTION B – EMPLOYER IDENTIFICATION**

OFS COMPANY ID  
AA01742

EMPLOYER NAME

LEMAITRE VASCULAR INC.

ADDRESS  
32 Third Avenue

CITY/TOWN  
BURLINGTON

STATE  
MA

ZIP CODE  
01803

**SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION** (if applicable)

HQ/ESTABLISHMENT-LEVEL UNIT ID

HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS

CITY/TOWN

STATE

ZIP CODE

**SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)**  
042825458

**SECTION E – EMPLOYER FILING ELIGIBILITY**

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)

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

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**

JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male							Female					
	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	
Executive/Senior Level Officials and Managers	0	0	12	0	2	0	0	0	2	0	1	0	0	0	17
First/Mid-Level Officials and Managers	4	0	16	2	3	0	0	0	8	0	0	0	0	0	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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	2	10	5	12	33	0	0	0	3	2	125	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
<b>CURRENT 2023 REPORTING YEAR TOTAL</b>	15	23	98	24	69	1	0	3	78	10	143	0	0	0	464
<b>PRIOR 2022 REPORTING YEAR TOTAL</b>	14	23	98	10	72	1	0	4	74	10	146	2	0	2	456

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

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

Not Applicable

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**SECTION K – OFFICIAL CERTIFICATION OF SUBMISSION**

**EMPLOYER IDENTIFICATION**

OFS COMPANY ID  
AA01742

EMPLOYER NAME  
LEMAITRE VASCULAR INC.

ADDRESS  
32 Third Avenue

CITY/TOWN  
BURLINGTON

STATE  
MA

ZIP CODE  
01803

**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  
Kathy E Perriello

Title of Certifying Official  
Manager, HR

Email Address of Certifying Official  
kperriello@lemaitre.com

Telephone Number of Certifying Official  
781-425-1692

**PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING**

Name of Primary POC  
Kathy E Perriello

Title and Employer of Primary POC  
Manager, HR  
Lemaitre Vascular

Email Address of Primary POC  
kperriello@lemaitre.com

Telephone Number of Primary POC  
781-425-1692

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**SECTION A – TYPE OF REPORT**  
HEADQUARTERS REPORT

**SECTION B – EMPLOYER IDENTIFICATION**

OFS COMPANY ID  
AA01742

EMPLOYER NAME

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ADDRESS  
32 Third Avenue

CITY/TOWN  
BURLINGTON

STATE  
MA

ZIP CODE  
01803

**SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION** (if applicable)

HQ/ESTABLISHMENT-LEVEL UNIT ID  
AA01742

HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

LEMAITRE VASCULAR INC.

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS  
32 Third Avenue

CITY/TOWN  
BURLINGTON

STATE  
MA

ZIP CODE  
01803

**SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)**  
042825458

**SECTION E – EMPLOYER FILING ELIGIBILITY**

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)

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

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**

JOB CATEGORIES	Race/Ethnicity														Row Total	
	Hispanic or Latino		Not Hispanic or Latino													
			Male						Female							
	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		
Executive/Senior Level Officials and Managers	0	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	0	2
Professionals	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	2
Technicians	0	1	0	0	3	0	0	1	1	0	1	0	0	0	0	7
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	2
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	1	2	0	0	5	0	0	0	0	1	27	0	0	0	0	36
Laborers and Helpers	0	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	0
<b>CURRENT 2023 REPORTING YEAR TOTAL</b>	<b>1</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>10</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>28</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>49</b>
<b>PRIOR 2022 REPORTING YEAR TOTAL</b>	<b>1</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>25</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>38</b>

**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.

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**SECTION A – TYPE OF REPORT**  
ESTABLISHMENT-LEVEL REPORT

**SECTION B – EMPLOYER IDENTIFICATION**

OFS COMPANY ID  
AA01742

EMPLOYER NAME

LEMAITRE VASCULAR INC.

ADDRESS  
32 Third Avenue

CITY/TOWN  
BURLINGTON

STATE  
MA

ZIP CODE  
01803

**SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION** (if applicable)

HQ/ESTABLISHMENT-LEVEL UNIT ID  
HW40220

HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

LEMAITRE VASCULAR INC.

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS  
2-4 NORTH AVE.

CITY/TOWN  
BURLINGTON

STATE  
MA

ZIP CODE  
01803

**SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)**  
042825458

**SECTION E – EMPLOYER FILING ELIGIBILITY**

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)

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

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**

JOB CATEGORIES	Race/Ethnicity														Row Total	
	Hispanic or Latino		Not Hispanic or Latino													
			Male						Female							
	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		
Executive/Senior Level Officials and Managers	0	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	0
Professionals	0	0	0	0	1	0	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	0
Sales Workers	0	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	0	7
Craft Workers	0	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	0	3
Laborers and Helpers	0	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	0
<b>CURRENT 2023 REPORTING YEAR TOTAL</b>	0	1	2	0	7	0	0	0	0	0	1	0	0	0	0	11
<b>PRIOR 2022 REPORTING YEAR TOTAL</b>	2	1	2	0	4	0	0	0	0	0	2	0	0	0	0	11

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

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

No Comments Provided

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)  
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**SECTION B – EMPLOYER IDENTIFICATION**

OFS COMPANY ID  
AA01742

EMPLOYER NAME

LEMAITRE VASCULAR INC.

ADDRESS  
32 Third Avenue

CITY/TOWN  
BURLINGTON

STATE  
MA

ZIP CODE  
01803

**SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)**

HQ/ESTABLISHMENT-LEVEL UNIT ID  
GX54922

HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

LEMAITRE VASCULAR INC.

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS  
63 2ND AVENUE

CITY/TOWN  
BURLINGTON

STATE  
MA

ZIP CODE  
01803

**SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)**  
042825458

**SECTION E – EMPLOYER FILING ELIGIBILITY**

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)

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

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**

JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male						Female						
	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	
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
<b>CURRENT 2023 REPORTING YEAR TOTAL</b>	<b>3</b>	<b>8</b>	<b>18</b>	<b>1</b>	<b>34</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>2</b>	<b>94</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>164</b>
<b>PRIOR 2022 REPORTING YEAR TOTAL</b>	<b>3</b>	<b>7</b>	<b>18</b>	<b>1</b>	<b>35</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>2</b>	<b>101</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>172</b>

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

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

No Comments Provided

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ESTABLISHMENT-LEVEL REPORT

**SECTION B – EMPLOYER IDENTIFICATION**

OFS COMPANY ID  
AA01742

EMPLOYER NAME

LEMAITRE VASCULAR INC.

ADDRESS  
32 Third Avenue

CITY/TOWN  
BURLINGTON

STATE  
MA

ZIP CODE  
01803

**SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION** (if applicable)

HQ/ESTABLISHMENT-LEVEL UNIT ID  
JJ05282

HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

LEMAITRE VASCULAR INC.

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS  
206 NORTH CENTER DRIVE

CITY/TOWN  
NORTH BRUNSWICK

STATE  
NJ

ZIP CODE  
08902

**SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)**  
042825458

**SECTION E – EMPLOYER FILING ELIGIBILITY**

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)

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

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**

JOB CATEGORIES	Race/Ethnicity														Row Total	
	Hispanic or Latino		Not Hispanic or Latino													
			Male						Female							
	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		
Executive/Senior Level Officials and Managers	0	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	0	1	0	0	0	0	0	2
Professionals	0	0	0	2	1	0	0	0	0	1	0	0	0	0	0	4
Technicians	0	3	2	0	1	0	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	0
Administrative Support Workers	0	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	0
Operatives	0	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	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>CURRENT 2023 REPORTING YEAR TOTAL</b>	0	3	2	3	2	0	0	0	0	11	1	0	0	0	0	22
<b>PRIOR 2022 REPORTING YEAR TOTAL</b>	0	4	3	2	1	0	0	0	0	11	1	0	0	0	0	22

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

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

No Comments Provided

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)  
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BURLINGTON

STATE  
MA

ZIP CODE  
01803

**SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)**

HQ/ESTABLISHMENT-LEVEL UNIT ID  
HC88151

HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

LEMAITRE VASCULAR INC

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS  
912 NORTHWEST HIGHWAY

CITY/TOWN  
FOX RIVER GROVE

STATE  
IL

ZIP CODE  
60021

**SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)**  
042825458

**SECTION E – EMPLOYER FILING ELIGIBILITY**

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

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**SECTION G – NAICS INFORMATION**

339112 - Surgical and Medical Instrument Manufacturing

**SECTION H – WORKFORCE DEMOGRAPHIC DATA**

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	Hispanic or Latino		Not Hispanic or Latino													
			Male						Female							
	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		
Executive/Senior Level Officials and Managers	0	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	0	2
Professionals	0	0	0	1	0	0	0	0	3	2	1	0	0	0	0	7
Technicians	2	1	0	0	0	1	0	0	2	1	0	0	0	0	0	7
Sales Workers	0	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	0	2
Craft Workers	0	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	0
Laborers and Helpers	0	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	0
<b>CURRENT 2023 REPORTING YEAR TOTAL</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>8</b>	<b>3</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>18</b>
<b>PRIOR 2022 REPORTING YEAR TOTAL</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>7</b>	<b>4</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>18</b>

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

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

No Comments Provided

**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  
AA01742

EMPLOYER NAME

LEMAITRE VASCULAR INC.

ADDRESS  
32 Third Avenue

CITY/TOWN  
BURLINGTON

STATE  
MA

ZIP CODE  
01803

**SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION** (if applicable)

HQ/ESTABLISHMENT-LEVEL UNIT ID  
EX98671

HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

LEMAITRE VASCULAR INC.

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS  
53 SECOND AVE

CITY/TOWN  
BURLINGTON

STATE  
MA

ZIP CODE  
01803

**SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)**  
042825458

**SECTION E – EMPLOYER FILING ELIGIBILITY**

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)

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

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**

JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male						Female						
	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	
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
<b>CURRENT 2023 REPORTING YEAR TOTAL</b>	<b>2</b>	<b>2</b>	<b>9</b>	<b>14</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>9</b>	<b>0</b>	<b>8</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>47</b>
<b>PRIOR 2022 REPORTING YEAR TOTAL</b>	<b>2</b>	<b>2</b>	<b>11</b>	<b>2</b>	<b>14</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>1</b>	<b>8</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>45</b>

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

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

No Comments Provided



**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  
AA01742

EMPLOYER NAME

LEMAITRE VASCULAR INC.

ADDRESS  
32 Third Avenue

CITY/TOWN  
BURLINGTON

STATE  
MA

ZIP CODE  
01803

**SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)**

HQ/ESTABLISHMENT-LEVEL UNIT ID  
MN20203

HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

LeMaitre Vascular

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS  
32 Third Ave.

CITY/TOWN  
BURLINGTON

STATE  
MA

ZIP CODE  
01803

**SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)**  
042825458

**SECTION E – EMPLOYER FILING ELIGIBILITY**

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)

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

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**

JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male						Female						
	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	
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
<b>CURRENT 2023 REPORTING YEAR TOTAL</b>	<b>7</b>	<b>5</b>	<b>64</b>	<b>4</b>	<b>13</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>44</b>	<b>3</b>	<b>11</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>153</b>
<b>PRIOR 2022 REPORTING YEAR TOTAL</b>	<b>6</b>	<b>6</b>	<b>61</b>	<b>4</b>	<b>12</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>45</b>	<b>2</b>	<b>9</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>150</b>

**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.