RI SOS Filing Number: 201436740160 Date: 03/03/2014 4:00 PM

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: January 1 - March 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation			
9241	Meckandil Tool, Inc.			
3. Principal office address: 390 Harris Avenue		City: Providence	State: RI	Zip: 02909
4. Business Phone No.: 821-3300		5. State of Incorporation: RI		
6. Brief description of the character of business conducted in Rhode Island: Precision and jewelry tool making.				

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name: Daniel R. Mechnig			Vice-President Name: Robert J. Mechnig		
Street Address: 390 Harris Avenue			Street Address: 390 Harris Avenue		
City: Providence	State: RI	Zip: 02909	City: Providence	State: RI	Zip: 02909
Secretary Name: Robert J. Mechnig			Treasurer Name: Daniel R. Mechnig		
Street Address: 390 Harris Avenue			Street Address: 390 Harris Avenue		
City: Providence	State: RI	Zip: 02909	City: Providence	State: RI	Zip: 02909

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name: Daniel R. Mechnig			Director Name: Robert J. Mechnig		
Street Address: 390 Harris Avenue			Street Address: 390 Harris Avenue		
City: Providence	State: RI	Zip: 02909	City: Providence	State: RI	Zip: 02909
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 Office of the Secretary of State. Changes require an additional filing.
See Section 9 of instruction sheet.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	Common	No par value

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.

File Date: _____
Check No: _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
MAR 03 2014
BY _____

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.

Daniel R Mechnig — Signature of Authorized Representative
2/17/14 — Date

Daniel R. Mechnig
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012
103529-117-950574