



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

STAMP

FOR SECRETARY OF
STATE USE ONLY

→ 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 101848		2. Exact name of the Corporation Mignanelli & Associates, Ltd.			
3. Principal Office Address 10 Weybosset Street, Suite 400		City Providence		State RI	Zip 02903
4. NAICS Code 54		6. Brief description of the character of business conducted in Rhode Island Providing professional legal, fiduciary and related services.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Anthony R. Mignanelli		Vice-President Name Anthony R. Mignanelli			
Street Address 10 Weybosset Street, Suite 400		Street Address 10 Weybosset Street, Suite 400			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Anthony R. Mignanelli		Treasurer Name Anthony R. Mignanelli			
Street Address 10 Weybosset Street, Suite 400		Street Address 10 Weybosset Street, Suite 400			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Anthony R. Mignanelli		Director Name			
Street Address 10 Weybosset Street, Suite 400		Street Address 10 Weybosset Street, Suite 400			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued		Check the box to indicate an attachment ☐	
		NUMBER OF SHARES 8,000	CLASS/SERIES Common	PAR VALUE No Par Value	
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 Anthony R. Mignanelli, President				Date 1-17-2017	
Signature of Authorized Representative <i>Anthony R. Mignanelli</i>				SIGN DOCUMENT HERE	

FILED

JAN 23 2017

BY

14003 DS

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

FORM 630 - Revised: 10/2016