



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 <input type="checkbox"/>	
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 <input type="checkbox"/>	
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		10. Shares Issued				Check the box to indicate an attachment <input type="checkbox"/>
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE	
		8,000		Common	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. <i>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.</i>						
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