



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

2017

Corporation

→ 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 19408		2. Exact name of the Corporation O'Connell Mfg., Co.			
3. Principal Office Address 390 Harris Avenue		City Providence	State RI	Zip 02909	
4. NAICS Code 54	6. Brief description of the character of business conducted in Rhode Island Precision and jewelry tool making.				
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
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)					Check the box to indicate an attachment <input type="checkbox"/>
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 Department of State. 1000 Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		900	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. 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 Daniel R. Mechnig				Date FEB 24 2017	
Signature of Authorized Representative <i>Daniel R. Mechnig</i>					

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov

BY 1217101
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