



State of Rhode Island and Providence Plantations

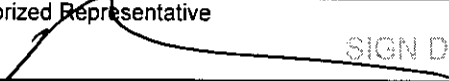
Department of State - Business Services Division

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 000127524		2. Exact name of the Corporation M.F.L. U.S.A. SERVICE CORPORATION			
3. Principal Office Address 70 INDUSTRIAL DRIVE		City CUMBERLAND		State RI	Zip 02864
4. Business Phone Number (401)334-1151		5. State of Incorporation DE			
6. Brief description of the character of business conducted in Rhode Island THE PROMOTION OF SALES AND THE CO-ORDINATION OF SERVICE OF MACHINERY TITLE: 7-1.1					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MARIO FRIGERIO		Vice-President Name			
Street Address VIA VITTORIA VENETO 4		Street Address			
City LECCO	State ITALY	Zip 23900-IT	City	State	Zip
Secretary Name RAFAEL A. GINEBRA		Treasurer Name			
Street Address C/O FOX HORAN & CAMERINI, 825 3RD AVE., 12TH FLOOR		Street Address			
City NEW YORK	State NY	Zip 10022	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name MARIO FRIGERIO		Director Name			
Street Address VIA VITTORIA VENETO 4		Street Address			
City LECCO	State ITALY	Zip 23900-IT	City	State	Zip
9. Shares Authorized 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 <input type="checkbox"/>			
		NUMBER OF SHARES 1,000		CLASS/SERIES CWP	PAR VALUE \$ 1.00
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 RAFAEL A. GINEBRA				Date 3-1-2017	
Signature of Authorized Representative  SIGN DOCUMENT HERE					

FILED

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

MAR 02 2017

