



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

Annual Report for the year: 2019
Corporation

FEB 15 2019 AM 10:02

BY 25704

- 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 000006587		2. Exact name of the Corporation Mainelli Tool & Die, Inc.			
3. Principal Office Address 30 Houghton Street			City Providence	State RI	Zip 02904
4. NAICS Code 315990		6. Brief description of the character of business conducted in Rhode Island jewelry manufacturing			
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 Matthew R. Mainelli			Vice-President Name Maryellen Turronis		
Street Address 30 Houghton Street			Street Address 30 Houghton Street		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
Secretary Name Merleann Poulton			Treasurer Name Matthew R. Mainelli		
Street Address 30 Houghton Street			Street Address 30 Houghton Street		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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		
			100	common	no par
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 Maryellen Turronis, Vice President				Date 2/1/19	
Signature of Authorized Representative <i>Maryellen Turronis</i>				SIGN DOCUMENT HERE	

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov