



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

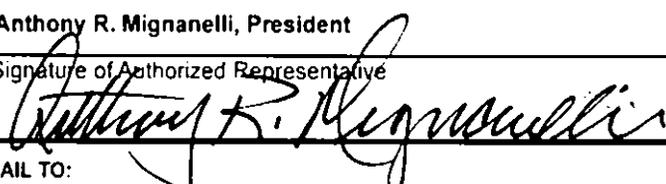
Annual Report for the year: 2020
Corporation

FILED

JAN 13 2020

BY 15785 DS

- 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 000101848		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 541110		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		
City Providence	State RI	Zip 02903	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
			8,000		Common
					FAR 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 1-8-2020
Signature of Authorized Representative 					

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