RI SOS Filing Number: 202035467050 Date: 2/26/2020 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2020

Corporation .

→ Filing period: January 1 - March 1 → Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fe	ee if form is not f	iled by April 1.					
1. Entity ID Number	2. Exact name of the Corporation						
9241	Meckandil Tool, Inc.						
3. Principal Office Address	<u> </u>		City	<u> </u>	State	Zip	
390 Harris Avenue			Providence		RI	02909	
4. NAICS Code 33999 5. State of Incorporation	6. Brief description of the character of business conducted in Rhode Island Precision and Jewelry tool making.						
RI	<u> </u>			Chack	ho hov to in	dicate an attachment	
7. List ALL officers (names and add President Name Daniel R. Mechnig	dresses)	<u> </u>	Check the box to indicate an attachment Vice-President Name Robert J. Mechnig				
	<u> </u>				<u> </u>		
Street Address 390 Harris Avenue	Street Address	Street Address 390 Harris Avenue					
City Providence	State RI	^{Zip} 02909	City Providence		State RI	^{Zip} 02909	
Secretary Name Robert J. Mechnig	Treasurer Nam	Treasurer Name Robert J. Mechnig					
Street Address 390 Harris Avenue			Street Address 390 Harris Avenue				
City Providence	State RI	Zip 02909	City Providence		State RI	^{Zıp} 02909	
8. List ALL directors (names and addresses) Check the box to indicate an attachment							
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	^{Žip} 02909	
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	Cily Provide	ence	State RI	Zip 02909	
9. Shares Authorized	-l		10. Shares Issued		Check the box to indicate an attachment C. ASS/SERIES PAR VALUE		
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER O	F SHARES	C.ASS/SERIES Common		No par value	
		-	<u> </u>				
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 declar	are and affirm th	at I have examin	ed this report, i	including any accor	npanying s	chedules and	
Name of Authorized Representative Daniel R. Mechnig Date Date 19 2020							
Signature of Authorized Represer	ntative	· · · · · · · · · · · · · · · · · · ·	9	FILED			
				FER S & SUST	VIV		

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov

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