



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

Annual Report for the year: **2021**
 Corporation

S. J. J. J.

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV

1. Entity ID Number 000127524		2. Exact name of the Corporation M.F.L. U.S.A. SERVICE CORPORATION		2021 FEB 19 P 1:14	
3. Principal Office Address 70 INDUSTRIAL DRIVE			City CUMBERLAND	State RI	Zip 02864
4. NAICS Code 811310		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:			
5. State of Incorporation DE		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 VITTORIO VENETO 4			Street Address		
City LECCO	State ITALY	Zip 23900	City	State	Zip
Secretary Name RAFAEL A. GINEBRA			Treasurer Name		
Street Address FOX HORAN & CAMERINI LLP, 885 3RD AVE, FL 17			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 VITTORIO VENETO 4			Street Address		
City LECCO	State ITALY	Zip 23900	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
			100		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 February 16, 2021
Signature of Authorized Representative SIGN DOCUMENT HERE FILED m					

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

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