



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

**FILED**

**Annual Report for the year: 2023**  
**Corporation**

FEB 06 2023  
 BY 1992  
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- 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<br><b>000101848</b>  |   | 2. Exact name of the Corporation<br><b>Mignanelli &amp; Associates, Ltd.</b>  |                          |
| 3. Principal Office Address<br><b>10 Weybosset Street, Suite 400</b>   |   | City<br><b>Providence</b>   | State<br><b>RI</b>       |
|  |   | Zip<br><b>02903</b>   |                          |
| 4. NAICS Code<br><b>541110</b>   | 6. Brief description of the character of business conducted in Rhode Island<br><b>Providing professional legal, fiduciary and related services.</b> |   |                          |
| 5. State of Incorporation<br><b>Rhode Island</b>   |   |   |                          |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |   |   |                          |
| President Name<br><b>Anthony R. Mignanelli</b>   |   | Vice-President Name<br><b>Anthony R. Mignanelli</b>   |                          |
| Street Address<br><b>10 Weybosset Street, Suite 400</b>  |   | Street Address<br><b>10 Weybosset Street, Suite 400</b>   |                          |
| City<br><b>Providence</b>  | State<br><b>RI</b>  | City<br><b>Providence</b>   | State<br><b>RI</b>       |
| Secretary Name<br><b>Anthony R. Mignanelli</b>   |   | Treasurer Name<br><b>Anthony R. Mignanelli</b>  |                          |
| Street Address<br><b>10 Weybosset Street, Suite 400</b>  |   | Street Address<br><b>10 Weybosset Street, Suite 400</b>   |                          |
| City<br><b>Providence</b>  | State<br><b>RI</b>  | City<br><b>Providence</b>   | State<br><b>RI</b>       |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |   |   |                          |
| Director Name<br><b>Anthony R. Mignanelli</b>  |   | Director Name   |                          |
| Street Address<br><b>10 Weybosset Street, Suite 400</b>  |   | Street Address  |                          |
| City<br><b>Providence</b>  | State<br><b>RI</b>  | City  | State                    |
| Director Name  |   | Director Name   |                          |
| Street Address   |   | Street Address  |                          |
| City   | State   | City  | State                    |
| 9. Shares Authorized   |   | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                          |
| This information is currently of record in the Department of State.<br>Changes require an additional filing.   |   | NUMBER OF SHARES  |                          |
|  |   | CLASS/SERIES  |                          |
|  |   | PAR VALUE   |                          |
|  |   | <b>8,000</b>  | <b>Common</b>            |
|  |   |   | <b>No Par Value</b>      |
| 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.<br><i>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.</i> |   |   |                          |
| Name of Authorized Representative<br><b>Anthony R. Mignanelli, President</b>   |   |   | Date<br><b>1-20-2023</b> |
| Signature of Authorized Representative<br><i>Anthony R. Mignanelli</i>   |   |   |                          |

MAIL TO:  
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