



**State of Rhode Island  
Department of State - Business Services Division**

Annual Report for the year: **2024**

Corporation \_\_\_\_\_

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

**FILED** STAMP  
**APR 12 2024**  
*Br...* *3667326*

1. Entity ID Number <b>19408</b>		2. Exact name of the Corporation <b>O'Connell Mfg., Co.</b>			
3. Principal Office Address <b>1 Weingeroff Blvd</b>			City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>
4. NAICS Code <b>448310</b>		6. Brief description of the character of business conducted in Rhode Island <b>Precision and jewelry making</b>			
5. State of Incorporation <b>RI</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 <b>Daniel R. Mechnig</b>			Vice-President Name <b>Robert J. Mechnig</b>		
Street Address <b>1 Weingeroff Blvd</b>			Street Address <b>1 Weingeroff Blvd</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>
Secretary Name <b>Robert J. Mechnig</b>			Treasurer Name <b>Robert J. Mechnig</b>		
Street Address <b>1 Weingeroff Blvd</b>			Street Address <b>1 Weingeroff Blvd</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</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 <b>Daniel R. Mechnig</b>			Director Name <b>Robert J. Mechnig</b>		
Street Address <b>1 Weingeroff Blvd</b>			Street Address <b>1 Weingeroff Blvd</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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.  Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			100	Common	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. <b>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.</b>					
Name of Authorized Representative <i>Daniel R Mechnig</i>					Date <b>4/5/24</b>
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](http://www.sos.ri.gov)