RI SOS Filing Number: 202571080760 Date: 4/21/2025 4:00:00 PM

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State of Rhode Island  Department of State - Business Services Division					ADD 9.1 2025		
Annual Report for the year	Oivision APR 21 2025  BY 4012914						
Corporation		<del></del>		(CBr)	RV 1.	17914	
Filing period: February	1 - May 1				D! <u>41</u>	712 - 1	
→ Filing Fee: \$50.00 → Penalty: Additional \$25.	OO fee if form is no	t filed by May 31.					
1. Entity ID Number	2. Exact name of the Corporation						
009241	Meckand	Meckandil Tool, Inc.					
3. Principal Office Address			City		State	Zip	
1 Weingeroff Blvd			Cransto	on	RI_	02910	
4. NAICS Code	6. Brief descri	ption of the charact	er of business	s conducted in Rhode	e Island		
339999	Precision	Precision and jewelry making					
5. State of Incorporation							
RI							
7. List ALL officers (names and	d addresses)	···		Check the	box to indica	te an attachment	
President Name Daniel R. Mechnig			Vice-President Name Robert J. Mechnig				
1 Weingeroff Blvd			Street Address 1 Weingeroff Blvd				
<sup>City</sup> Cranston	State R1	<sup>Zip</sup> 02910	City Cran	ston	State R	I Zip 0291	
Secretary Name Robert J.	Mechnig	<u> </u>	Treasurer N	Robert J. M	echnig	<del></del>	
Street Address 1 Weingero	ff Blvd		Street Addr	ess 1 Weingeroff	f Blvd		
Cranston	State RI	<sup>Zip</sup> 02910	City Crar	City Cranston State RI		Zip	
8. List ALL directors (names a	nd addresses)			Check the	e box to indica	ate an attachment	
Director Name Daniel R. M	echnig		Director Na	me Robert J. Me	echnig		
Street Address 1 Weingero	ff Blvd		Street Add	ess 1 Weingeroff			
City Cranston	State RI	<sup>Z<sub>1</sub>p</sup> 02910	City Cra	Cranston		I 0291	
Director Name				Director Name			
Street Address	Street Address						
City	State	Zip	City	<del>-</del> _	State	Zip	
9. Shares Authorized		10. Shares Iss	ued	Check th	ne box to indic	cate an attachmer	
This information is currently of record in the		NUMBER O		CLASS/SFRIES PAR VALUE			
Department of State.		100		Common		No par value	
Changes require an additional filing.							
11. This report must be executeiver or trustee, this report n	ited on behalf of the	corporation by an	authorized rep	presentative. If the co	orporation is in	n the hands of a r	
Under penalty of perjury, I	declare and affirm	that I have examin	ed this repo	rt, including any ac	companying	schedules and	
statements, and that all sta	ntative 0	1	io correct		Date	/ /	
Dan Ja	2Mul	wj			4/	8/25	

MAIL TO:

Division of Business Services

Signature of Authorized Representative

148 W. River Street, Providence, Rhode Island 02904-2615

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