

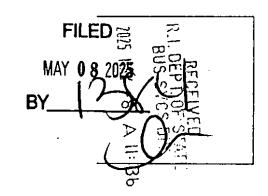
## State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 2025
Limited Liability Company

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.



Entity ID Number	2. Exact name of the Limited Liability Company			
001687749	Mignone Cutting LLC			
3. NAICS Code 333243	Brief description of the character of business conducted in Rhode Island     SAW CUTTING AND FLAT WORK			
5. State of Formation RHODE ISLAND				
6. Principal Office Address		City	State	Zip
31 Colvin St.		Норе	RI	02831
7. Mailing Address of Limited	Liability Company and Name	or Title of Contact Person		<u></u> t
Contact Name Christopher J Mignone		Contact Title  MEMBER		
Street Address 31 Colvin St.		Сіту	State RI	<sup>Zip</sup> 02831
8. The Resident Agent inform	nation currently of record with the	ne RI Department of State is a	curate. Changes requir	e filing Form 642.
9. Under penalty of perjury statements, and that all sta	, I declare and affirm that I ha tements contained herein ar	ive examined this report, inc e true and correct.	luding any accompany	ving schedules and
Name of Authorized Person  Charington Mignore			Date 5-4-2025	
Signature of Authorized Pers	87 1/2		•	

## MAIL TO:

Division of Business Services

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

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