



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

Annual Report for the year: 2024

APR 12 2024
 BY 13647330

Corporation

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

1. Entity ID Number 9241		2. Exact name of the Corporation Meckandil Tool, Inc.			
3. Principal Office Address 1 Weingeroff Blvd			City Cranston	State RI	Zip 02910
4. NAICS Code 339999		6. Brief description of the character of business conducted in Rhode Island Precision and jewelry making			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Daniel R. Mechnig			Vice-President Name Robert J. Mechnig		
Street Address 1 Weingeroff Blvd			Street Address 1 Weingeroff Blvd		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
Secretary Name Robert J. Mechnig			Treasurer Name Robert J. Mechnig		
Street Address 1 Weingeroff Blvd			Street Address 1 Weingeroff Blvd		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Daniel R. Mechnig			Director Name Robert J. Mechnig		
Street Address 1 Weingeroff Blvd			Street Address 1 Weingeroff		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued		
			NUMBER OF SHARES 100	CLASS/SERIES Common	PAR VALUE 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.					
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 Daniel R Mechnig				Date 4/5/24	
Signature of Authorized Representative					

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov