



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

FILED

JAN 13 2020

BY 1440

Annual Report for the year: 2020 Corporation

- 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 495		2. Exact name of the Corporation AETNA MFG. CO., INC.			
3. Principal Office Address 720 Harris Avenue			City Providence	State RI	Zip 02909
4. NAICS Code 339910		6. Brief description of the character of business conducted in Rhode Island Jewelry manufacturing			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Frank Caliri			Vice-President Name Frank Caliri		
Street Address 18 Donna Drive			Street Address 18 Donna Drive		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Secretary Name Cheryl Caliri			Treasurer Name Frank Caliri		
Street Address 18 Donna Drive			Street Address 18 Donna Drive		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued 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.			NUMBER OF SHARES		
			CLASS/SERIES		
			100		Common
					No Par
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 Frank Caliri					Date 1/10/20
Signature of Authorized Representative 					

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