



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

FEB 05 2024

1. Entity ID Number 000004334		2. Exact name of the Corporation A. A. CLOUET CO.					
3. Principal Office Address 24 Althea Street				City Providence		State RI	Zip 02907
4. NAICS Code 339999		6. Brief description of the character of business conducted in Rhode Island Manufacturing elastic bands.					
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 David J. Salvatore				Vice-President Name Claire Salvatore			
Street Address 24 Althea Street				Street Address 24 Althea Street			
City Providence		State RI	Zip 02907	City Providence		State RI	Zip 02907
Secretary Name Mary Salvatore Goodison				Treasurer Name Mary Salvatore Goodison			
Street Address 24 Althea Street				Street Address 24 Althea Street			
City Providence		State RI	Zip 02907	City Providence		State RI	Zip 02907
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
Director Name None				Director Name			
Street Address				Street Address			
City		State	Zip	City		State	Zip
Director Name				Director Name			
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	PAR VALUE
				50		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. 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 David J. Salvatore, President						Date 1-31-24	
Signature of Authorized Representative 							

MAIL TO:

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