



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 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 Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 50	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 David J. Salvatore, President					Date 1-31-24
Signature of Authorized Representative 					

MAIL TO:
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