



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.

FEB 12 2024

13372

1. Entity ID Number 1351		2. Exact name of the Corporation ARO-SAC, INC.			
3. Principal Office Address One Warren Avenue			City North Providence	State RI	Zip 02911
4. NAICS Code 339999		6. Brief description of the character of business conducted in Rhode Island Jewelry			
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 Robert A. Montaquila			Vice-President Name Robert A. Montaquila		
Street Address One Warren Avenue			Street Address One Warren Avenue		
City North Providence	State RI	Zip 02911	City North Providence	State RI	Zip 02911
Secretary Name Robert A. Montaquila			Treasurer Name		
Street Address One Warren Avenue			Street Address		
City North Providence	State RI	Zip 02911	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Robert A. Montaquila			Director Name		
Street Address One Warren Avenue			Street Address		
City North Providence	State RI	Zip 02911	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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	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 Robert A. Montaquila					Date 2-6-24
Signature of Authorized Representative					

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov