RI SOS Filing Number: 202564107890 Date: 1/30/2025 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FIELD
JAN 30 2025
BY 28605

Annual Report for the year: 2025
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	2. Exact name of the Corporation		
495	AETNA MFG. CO., INC.		
3. Principal Office Address	City	State	Zip
720 Harris Avenue	Providence	RI	02909
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
339910	Jewelry manufacturing		
5 State of Incorporation			
Rhode Island			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
Frank Caliri	18 Donna Drive	Cranston	RI	02921

Vice-President Name	Street Address	City	State	Zip
Frank Caliri	18 Donna Drive	Cranston	RI	02921

Secretary Name	Street Address	City	State	Zip
Cheryl Caliri	18 Donna Drive	Cranston	RI	02921

Treasurer Name	Street Address	City	State	Zip
Frank Caliri	18 Donna Drive	Cranston	RI	02921

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
None				

Director Name	Street Address	City	State	Zip
None				

Director Name	Street Address	City	State	Zip
None				

Director Name	Street Address	City	State	Zip
None				

9 Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	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	Date
Frank Caliri	✓ 1-27-25

Signature of Authorized Representative: ✓ Frank J Caliri

MAIL TO:
Division of Business Services
148 W River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630- Revised 12/2023