



State of Rhode Island  
Department of State - Business Services Division

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.

FILED

JAN 30 2025

BY 2865

1. Entity ID Number <b>495</b>		2. Exact name of the Corporation <b>AETNA MFG. CO., INC.</b>			
3. Principal Office Address <b>720 Harris Avenue</b>		City <b>Providence</b>		State <b>RI</b>	Zip <b>02909</b>
4. NAICS Code <b>339910</b>	6. Brief description of the character of business conducted in Rhode Island <b>Jewelry manufacturing</b>				
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Frank Caliri</b>			Vice-President Name <b>Frank Caliri</b>		
Street Address <b>18 Donna Drive</b>			Street Address <b>18 Donna Drive</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>
Secretary Name <b>Cheryl Caliri</b>			Treasurer Name <b>Frank Caliri</b>		
Street Address <b>18 Donna Drive</b>			Street Address <b>18 Donna Drive</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>None</b>			Director Name <b>None</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <b>None</b>			Director Name <b>None</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
		NUMBER OF SHARES <b>100</b>	CLASS/SERIES <b>Common</b>	PAR VALUE <b>No Par</b>	
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.					
<b>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.</b>					
Name of Authorized Representative <b>Frank Caliri</b>					Date <b>✓ 1-27-25</b>
Signature of Authorized Representative 					

MAIL TO:  
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