State of Rhode Island
Department of State - Business Services Division

FILED
FEB 03 2025
BY 13688
AA

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		
1351	ARO-SAC, INC.		
3. Principal Office Address	City	State	Zip
One Warren Avenue	North Providence	RI	02911
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
339999	Jewelry		
5. State of Incorporation			
Rhode Island			

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

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 ☐

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	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.	3646		0

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
Robert A. Montaquila	2/1/25
Signature of Authorized Representative	

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 04/2023