



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.

REC'D RI SOS BSO
25 APR 21 AM 10:00:35

1. Entity ID Number 1613		2. Exact name of the Corporation AUREA ITALIA, INC.									
3. Principal Office Address 50 Park Row West, Suite 107			City Providence	State RI	Zip 02903						
4. NAICS Code 339999		6. Brief description of the character of business conducted in Rhode Island manufacture, purchase jewelry products									
5. State of Incorporation RI											
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>											
President Name Lawrence R. Buteau			Vice-President Name Paula M. Buteau								
Street Address 16 Florence Street			Street Address 16 Florence Street								
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904						
Secretary Name Paula M. Buteau			Treasurer Name Paula M. Buteau								
Street Address 16 Florence Street			Street Address 16 Florence Street								
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904						
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>											
Director Name			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								
			<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>200</td> <td>common</td> <td>no par value</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	200	common	no par value
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
200	common	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 Lawrence R. Buteau / Paula M. Buteau					Date 4-2-25						
Signature of Authorized Representative 											

FILED

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

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