RI SOS Filing Number: 202571071100 Date: 4/21/2025 4:00:00 PM

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|---|--|---------------------------------|------------------|---|-------------------------------|---------------|--------------|--------------------------|--|
| State of Rhode Island Department of State - Business Services Division | | | | | | REC '25 AP | | | |
| Annual Report for the year: 2025 | | | | | | 3 · 20 G | | | |
| Corporation | | | | | | | | | |
| → Filing period. February 1 - May 1 | | | | | | RIDOS BS | | | |
| → Filing Fee: \$50.00 | - | | | | | | Ö, | L) | |
| → Penalty: Additional \$25.00 fe | | | | | <u>.</u> | | <u> </u> | <u> </u> | |
| . Entity ID Number 2. Exact name of the Corporation | | | | | |) | | | |
| 1613 | AUREA ITALIA, INC. | | | | | <i>-</i> | | | |
| 3. Principal Office Address | | · · · · | City | | | State | | Zıp | |
| 50 Park Row West, Suite 107 | | | Provide | ence | | RI | | 02903 | |
| 4. NAICS Code | 6 Brief description | on of the character | of husines | s conduc | ted in Rhode Isla | nd | | | |
| 339999 | Brief description of the character of business conducted in Rhode Island | | | | | | | | |
| | manufacture, purchase jewelry products | | | | | | | | |
| 5 State of Incorporation | pration | | | | | | | | |
| RI | | | | | | | | | |
| 7. List ALL officers (names and add | Iresses) | | | | Check the box | to indic | ate an atta | chment 🗀 | |
| President Name Lawrence R. Buteau | | | | Vice-President Name Paula M. Buteau | | | | | |
| | | | | Street Address 40 Florence Change | | | | | |
| Street Address 16 Florence Street | | | | ^{'ess} 16 F | Florence Stre | eet | | | |
| City State S. Zip | | | City | | | State | | Z:p | |
| City North Providence | RI | ^{Zıp} 02904 | City Nort | th Provi | idence | | RI | 02904 | |
| Secretary Name Paula M. Buteau | | | | Treasurer Name Paula M. Buteau | | | | | |
| Stront Address | | | | | | | | | |
| Street Address 16 Florence Street | | | | 16 Florence Street | | | | | |
| City | City | | | City Nath Bassidan State DI Zip | | | | | |
| North Providence | RI | ^{7_{ip}} 02904 | North Providence | | | | र। | ^{7.ip} 02904 | |
| 8. List ALL directors (names and addresses) | | | | Check the box to indicate an attachment | | | | | |
| Director Name | | | | Director Name | | | | | |
| Street Address | | | | Street Add:ess | | | | | |
| G. Cett Goldson | Circuit advess | | | | | | | | |
| City | State | Zip | City | | | State | . | Zip | |
| | | Į | | | | <u> </u> | | | |
| Director Name | Director Name | | | | | | | | |
| Street Address | | | | Street Address | | | | | |
| 0,001,700,000 | Chicathology | | | | | | | | |
| City | State | Zip | City | | | State | | Żip | |
| | <u> </u> | | <u>i</u> | | | <u> </u> | | <u> </u> | |
| 9. Shares Authorized | ed in the | 10. Shares Issue | | | Check the box CLASS/SCRIES | cto indi | | achment 🔲 | |
| This information is currently of record in the Department of State. | | 200 | | | | Ī | | | |
| | | 200 | | common | | | no par value | | |
| Changes require an additional filing. | | | | | | _ | | • | |
| 11. This report must be everuted or | n hehalf of the cor | noration by an aut | horized ren | resentati | va If the cornors | tion is | n the hand | s of a re- | |
| 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 | | | |
| Lawrence R. Buteau / Paula M. Buteau | | | | | | 4 | ナノム・ | - W | |
| Signature of Authorizeg Representa | asina // | // | | | | | | | |
| 1 1/ / | ative // | // | | | | | | | |
| | ative / | | | l | FILE |) | İ | | |
| MAIL TO: | m / | KIT. | | | FILE | <u> </u> | † | | |

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri gov

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