



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 RIDG BSO  
25 APR 21 AM 10:00:35

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

MAIL TO:  
Division of Business Services  
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