



State of Rhode Island
Department of State - Business Services Division

FILED

APR 10 2023

BY *[Signature]*

Annual Report for the year: 2023
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 1613 | | 2. Exact name of the Corporation AUREA ITALIA, INC. | | | |
| 3. Principal Office Address 260 West Exchange Street, Suite 202 | | | 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 Rhode Island | | | | | |
| 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 02809 |
| 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 02809 | City North Providence | State RI | Zip 02809 |
| 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 | | 10. Shares Issued 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. | | 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 <i>[Signature]</i> | | | | | Date 3-30-23 |
| Signature of Authorized Representative <i>[Signature]</i> | | | | | |