



**State of Rhode Island
Department of State - Business Services Division**

FILED¹

Annual Report for the year: **2024**
Corporation _____

APR 18 2024
BY 11572
DS

- 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 Warren	State	Zip
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		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 					Date 4-10-24
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov