



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009**

**Filing Period:** January 1 - March 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\* In accordance with R.I.G.L. § 1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. § 1.2-1501(c)(2)), is subject to a penalty fee of \$25.00.

1. Corporate ID No. 1485		2. Name of Corporation ATAMIAN MANUFACTURING CORP.			
3. Street Address Principal Business Office 910 PLAINFIELD STREET			City PROVIDENCE	State R.I.	Zip 02909
4. Business Phone No. 401-944-9614		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island TO MANUFACTURE, SELL, AND DISTRIBUTE JEWELRY AND FINDINGS					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name MARIAM ATAMIAN			Vice President Name JAMES A. ATAMIAN		
Street Address 1111 NORTH MAIN ROAD			Street Address 62 OAKWOOD DRIVE		
City JAMESTOWN	State R.I.	Zip 02835	City FOSTER	State R.I.	Zip 02825
Secretary Name MARIAM ATAMIAN			Treasurer Name JAMES A. ATAMIAN		
Street Address 1111 NORTH MAIN ROAD			Street Address 62 OAKWOOD DRIVE		
City JAMESTOWN	State R.I.	Zip 02835	City FOSTER	State R.I.	Zip 02825
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name ROBERT ATAMIAN			Director Name MARIAM ATAMIAN		
Street Address 1111 NORTH MAIN ROAD			Street Address 1111 NORTH MAIN ROAD		
City JAMESTOWN	State R.I.	Zip 02835	City JAMESTOWN	State R.I.	Zip 02835
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED 100 NO PAR VALUE			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 100	Class Series	Par Value NO PAR VALUE

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.

File Date: 1-14-09  
Check No.: 11424  
By: mnc  
FOR SECRETARY OF STATE USE ONLY

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.

Signature: Mariam Atamian Date: 1/12/09  
MARIAM ATAMIAN  
Print or Type Name  
PRESIDENT  
Title