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. 7-1.2-1501(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. 7-1.2-1501(c)(d)) is subject to a penalty fee of $25.00.*

1 Corporate ID No	2 Name of Corporation
1485	ATAMIAN MANUFACTURING CORP.

3 Street Address Principal Business Office	City	State	Zip
910 PLAINFIELD STREET	PROVIDENCE	R.I.	02909

4 Business Phone No	5 State of Incorporation
401-944-9614	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)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
MARIAM ATAMIAN	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)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
ROBERT ATAMIAN	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

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.

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class Series	Par Value
100		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.

[redacted] [redacted]

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.

Mariam B Atamian 1/12/09
Signature *Date*

MARIAM ATAMIAN
Print or Type Name

[redacted] PRESIDENT
Title

File Date 1-14-09
Check No. 11424
By: mne
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