



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** 2011

**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)(4)) is subject to a penalty fee of \$25.00.

|  |                         |  |   |                         |                                  |
|--|-------------------------|--|---|-------------------------|----------------------------------|
| 1. Corporate ID No.<br><b>1485</b>   |                         | 2. Name of Corporation<br><b>ATAMIAN MANUFACTURING CORP.</b> |   |                         |                                  |
| 3. Street Address Principal Business Office<br><b>910 PLAINFIELD STREET</b>  |                         |  | City<br><b>PROVIDENCE</b>                           | State<br><b>R.I.</b>    | Zip<br><b>02909</b>              |
| 4. Business Phone No.<br><b>401-944-9614</b>   |                         | 5. State of Incorporation<br><b>RHODE ISLAND</b>             |   |                         |                                  |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br><b>TO MANUFACTURE, SELL, AND DISTRIBUTE JEWELRY AND FINDINGS</b>            |                         |  |   |                         |                                  |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                          |                         |  |   |                         |                                  |
| President Name<br><b>MARIAM ATAMIAN</b>  |                         |  | Vice President Name<br><b>JAMES A. ATAMIAN</b>      |                         |                                  |
| Street Address<br><b>5651 WHISPERING WILLOW WAY</b>  |                         |  | Street Address<br><b>62 OAKWOOD DRIVE</b>           |                         |                                  |
| City<br><b>FT. MYERS</b>   | State<br><b>FLORIDA</b> | Zip<br><b>33908</b>  | City<br><b>FOSTER</b>                               | State<br><b>R.I.</b>    | Zip<br><b>02825</b>              |
| Secretary Name<br><b>MARIAM ATAMIAN</b>  |                         |  | Treasurer Name<br><b>JAMES A. ATAMIAN</b>           |                         |                                  |
| Street Address<br><b>5651 WHISPERING WILLOW WAY</b>  |                         |  | Street Address<br><b>62 OAKWOOD DRIVE</b>           |                         |                                  |
| City<br><b>FT. MYERS</b>   | State<br><b>FLORIDA</b> | Zip<br><b>33908</b>  | City<br><b>FOSTER</b>                               | State<br><b>R.I.</b>    | Zip<br><b>02825</b>              |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                         |                         |  |   |                         |                                  |
| Director Name<br><b>ROBERT ATAMIAN</b>   |                         |  | Director Name<br><b>MARIAM ATAMIAN</b>              |                         |                                  |
| Street Address<br><b>1111 NORTH MAIN ROAD</b>  |                         |  | Street Address<br><b>5651 WHISPERING WILLOW WAY</b> |                         |                                  |
| City<br><b>JAMESTOWN</b>   | State<br><b>R.I.</b>    | Zip<br><b>02835</b>  | City<br><b>FT. MYERS</b>                            | State<br><b>FLORIDA</b> | Zip<br><b>33908</b>              |
| Director Name  |                         |  | Director Name                                       |                         |                                  |
| Street Address   |                         |  | Street Address                                      |                         |                                  |
| City   |                         |  | City  |                         |                                  |
| State  |                         |  | State   |                         |                                  |
| Zip  |                         |  | Zip   |                         |                                  |
| 9. SHARES AUTHORIZED<br><b>100 NO PAR VALUE</b>  |                         |  |   |                         |                                  |
| 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>  |                         |  |   |                         |                                  |
| ISSUED SHARES — THIS SECTION MUST BE COMPLETED   |                         |  |   |                         |                                  |
| 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. |                         | Number of Shares<br><b>100</b>                               |   | Class/Series            | Par Value<br><b>NO PAR VALUE</b> |

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.

**FILED**

File Date FEB 07 2011  
 Check No. 11638  
 By: **BY** 11638  
 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 2-2-11  
**MARIAM ATAMIAN**  
 Print or Type Name  
**PRESIDENT**  
 Title