



State of Rhode Island and Providence Plantations  
 Department of State - Business Services Division

Annual Report for the year: 2019  
 Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

**FILED**

APR 18 2019

1649/1690

1. Entity ID Number <u>1671496</u>		2. Exact name of the Corporation <u>ATMIK Inc.</u>				
3. Principal Office Address <u>1800 Post Road</u>			City <u>Westerly</u>	State <u>RI</u>	Zip <u>02886</u>	
4. NAICS Code <u>445310</u>		6. Brief description of the character of business conducted in Rhode Island				
5. State of Incorporation <u>RI</u>						
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
President Name <u>Gaurang Sheth</u>			Vice-President Name			
Street Address <u>9 Lincoln Road</u>			Street Address			
City <u>Mansfield</u>	State <u>MA</u>	Zip <u>02048</u>	City	State	Zip	
Secretary Name <u>Shetal Patel</u>			Treasurer Name <u>Shridhar devineni</u>			
Street Address <u>10 Fuller Avenue, Unit 20</u>			Street Address <u>22 Lincoln Road</u>			
City <u>Attleboro</u>	State <u>MA</u>	Zip	City <u>Mansfield</u>	State <u>MA</u>	Zip <u>02048</u>	
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
Director Name <u>Gaurang Sheth</u>			Director Name			
Street Address <u>As Above</u>			Street Address			
City	State	Zip	City	State	Zip	
Director Name <u>Shetal Patel</u>			Director Name			
Street Address <u>As Above</u>			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/STKTS		PAR VALUE
		<u>1000</u>	<u>Common Stocks</u>	<u>0</u>		
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 <u>Gaurang Sheth</u>					Date <u>03/26/2018</u>	
Signature of Authorized Representative <u>G.S. Sheth</u>					SIGN DOCUMENT HERE	