



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

Annual Report for the year: 2021  
 Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

**STAMP**  
 JAN 21 2022  
 FOR SECRETARY OF STATE USE ONLY  
 BY 1633  
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1. Entity ID Number <b>1485</b>	2. Exact name of the Corporation <b>ATAMIAN MANUFACTURING CORPORATION</b>
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3. Principal Office Address <b>910 PLAINFIELD STREET</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02909</b>
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4. NAICS Code <b>339910</b>	6. Brief description of the character of business conducted in Rhode Island <b>TO MANUFACTURE SELL AND DISTRIBUTE JEWELRY AND FINDINGS</b>
5. State of Incorporation <b>RHODE ISLAND</b>	

7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>MARIAM ATAMIAN</b>		Vice-President Name <b>JAMES ATAMIAN</b>			
Street Address <b>5651 WHISPERING WILLOW WAY</b>		Street Address <b>62 OAKWOOD AVENUE</b>			
City <b>FT. MYERS</b>	State <b>FL</b>	Zip <b>33908</b>	City <b>FOSTER</b>	State <b>RI</b>	Zip <b>02825</b>
Secretary Name <b>MARIAM ATAMIAN</b>		Treasurer Name <b>JAMES ATAMIAN</b>			
Street Address <b>5651 WHISPERING WILLOW WAY</b>		Street Address <b>62 OAKWOOD AVENUE</b>			
City <b>FT. MYERS</b>	State <b>FL</b>	Zip <b>33908</b>	City <b>FOSTER</b>	State <b>RI</b>	Zip <b>02825</b>

8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>ROBERT ATAMIAN</b>		Director Name <b>MARIAM ATAMIAN</b>			
Street Address <b>5651 WHISPERING WILLOW WAY</b>		Street Address <b>5651 WHISPERING WILLOW WAY</b>			
City <b>FT. MYERS</b>	State <b>FL</b>	Zip <b>33908</b>	City <b>FT. MYERS</b>	State <b>FL</b>	Zip <b>33908</b>
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	<b>100</b>		<b>0</b>

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 <b>Robert Atamian</b>	Date <b>1-18-22</b>
Signature of Authorized Representative <i>Robert Atamian</i>	

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov