



**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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

1. Entity ID Number 000121091		2. Exact name of the Corporation Solaymantash Associates Limited		2023 OCT 23 A 9:29	
3. Principal Office Address 519 MENDON ROAD, P.O. BOX 8000			City CUMBERLAND	State RI	Zip 02864
4. NAICS Code 541519		6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF COMPUTER CONSULTANCY AND SOFTWARE DEVELOPMENT TITLE: 7-1.1-51			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MEHRDOKHT SOLAYMANTASH			Vice-President Name MEHRDOKHT SOLAYMANTASH		
Street Address 82 LITTLE POND COUNTY ROAD			Street Address 82 LITTLE POND COUNTY ROAD		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
Secretary Name MEHRDOKHT SOLAYMANTASH			Treasurer Name MEHRDOKHT SOLAYMANTASH		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name GARY R ALGER			Director Name		
Street Address 519 MENDON ROAD, P.O. BOX 8000			Street Address		
City CUMBERLAND	State RI	Zip 02864	City	State	Zip
Director Name			Director Name		
Street Address			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/SERIES	
		PAR VALUE			
		600	CNP	0	
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 Mona Monadjem				Date 18.10.2023	
Signature of Authorized Representative <i>Mona Monadjem</i>				FILED	

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

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