



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

Annual Report for the year: **2019**

**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 <b>000121091</b>		2. Exact name of the Corporation <b>Solaymantash Associates Limited</b>		2023 OCT 23 A 9 29	
3. Principal Office Address <b>519 MENDON ROAD, P.O. BOX 8000</b>			City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>
4. NAICS Code <b>541519</b>		6. Brief description of the character of business conducted in Rhode Island <b>TO ENGAGE IN THE BUSINESS OF COMPUTER CONSULTANCY AND SOFTWARE DEVELOPMENT</b> TITLE: 7-1.1-51			
5. State of Incorporation <b>RI</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>MEHRDOKHT SOLAYMANTASH</b>			Vice-President Name <b>MEHRDOKHT SOLAYMANTASH</b>		
Street Address <b>82 LITTLE POND COUNTY ROAD</b>			Street Address <b>82 LITTLE POND COUNTY ROAD</b>		
City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>
Secretary Name <b>MEHRDOKHT SOLAYMANTASH</b>			Treasurer Name <b>MEHRDOKHT SOLAYMANTASH</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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>GARY R ALGER</b>			Director Name		
Street Address <b>519 MENDON ROAD, P.O. BOX 8000</b>			Street Address		
City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>	City	State	Zip
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		
			<b>600</b>	<b>CNP</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>Mona Monadjem</b>				Date <b>18.10.2023</b>	
Signature of Authorized Representative <i>Mona Monadjem</i>			<b>FILED</b>		

OCT 23 2023

BY H9QHY

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