



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

Annual Report for the year: **2015**

**Corporation**

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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 R.I. DEPT. OF STATE  
 BUS SVCS DIV

| 1. Entity ID Number<br><b>000121091</b>   |                 | 2. Exact name of the Corporation<br><b>Solaymantash Associates Limited</b>  |   | 2023 OCT 23 A 9:29        |                     |                  |              |           |            |            |          |  |  |  |
|---|-----------------|---|---|---------------------------|---------------------|------------------|--------------|-----------|------------|------------|----------|--|--|--|
| 3. Principal Office Address<br><b>519 MENDON ROAD, P.O. BOX 8000</b>  |                 |   | City<br><b>CUMBERLAND</b>                         | State<br><b>RI</b>        | Zip<br><b>02864</b> |                  |              |           |            |            |          |  |  |  |
| 4. NAICS Code<br><b>541519</b>  |                 | 6. Brief description of the character of business conducted in Rhode Island<br><b>TO ENGAGE IN THE BUSINESS OF COMPUTER CONSULTANCY AND SOFTWARE DEVELOPMENT</b>  |   |                           |                     |                  |              |           |            |            |          |  |  |  |
| 5. State of Incorporation<br><b>RI</b>  |                 | TITLE: 7-1.1-51   |   |                           |                     |                  |              |           |            |            |          |  |  |  |
| 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.<br><br>Changes require an additional filing.  |                 | <table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><b>600</b></td> <td><b>CNP</b></td> <td><b>0</b></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table> |   |                           |                     | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | <b>600</b> | <b>CNP</b> | <b>0</b> |  |  |  |
|   |                 | NUMBER OF SHARES  | CLASS/SERIES                                      | PAR VALUE                 |                     |                  |              |           |            |            |          |  |  |  |
| <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<br><b>Mona Monadjem</b>   |                 |   |   | Date<br><b>18.10.2023</b> |                     |                  |              |           |            |            |          |  |  |  |
| Signature of Authorized Representative<br><i>Mona Monadjem</i>  |                 |   |   |                           |                     |                  |              |           |            |            |          |  |  |  |

**FILED**

**MAIL TO:**

**Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov

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