



State of Rhode Island  
Department of State - Business Services Division

FILED

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Annual Report for the year: 2024

Corporation

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

1. Entity ID Number <b>1485</b>		2. Exact name of the Corporation <b>ATAMIAN MANUFACTURING CORPORATION</b>			
3. Principal Office Address <b>910 PLAINFIELD STREET</b>			City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02909</b>
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 <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.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
Changes require an additional filing.			NUMBER OF SHARES <b>100</b>	CLASS/SERIES	PAR VALUE
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.					
<b>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.</b>					
Name of Authorized Representative <b>ROBERT ATAMIAN</b>				Date <b>01/24/24</b>	
Signature of Authorized Representative 					

MAIL TO:  
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Website: www.sos.ri.gov