

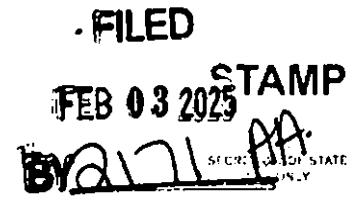


State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

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



1. Entity ID Number 1485		2. Exact name of the Corporation ATAMIAN MANUFACTURING CORPORATION			
3. Principal Office Address 910 PLAINFIELD STREET		City PROVIDENCE		State RI	Zip 02909
4. NAICS Code 339910		6. Brief description of the character of business conducted in Rhode Island TO MANUFACTURE SELL AND DISTRIBUTE JEWELRY AND FINDINGS			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name MARIAM ATAMIAN			Vice-President Name JAMES ATAMIAN		
Street Address 5651 WHISPERING WILLOW WAY			Street Address 62 OAKWOOD AVENUE		
City FT. MYERS	State FL	Zip 33908	City FOSTER	State RI	Zip 02825
Secretary Name MARIAM ATAMIAN			Treasurer Name JAMES ATAMIAN		
Street Address 5651 WHISPERING WILLOW WAY			Street Address 62 OAKWOOD AVENUE		
City FT. MYERS	State FL	Zip 33908	City FOSTER	State RI	Zip 02825
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name ROBERT ATAMIAN			Director Name MARIAM ATAMIAN		
Street Address 5651 WHISPERING WILLOW WAY			Street Address 5651 WHISPERING WILLOW WAY		
City FT. MYERS	State FL	Zip 33908	City FT. MYERS	State FL	Zip 02825
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
10. Shares Issued		Check the box to indicate an attachment ☐			
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
100				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 ROBERT ATAMIAN				Date 01/30/25	
Signature of Authorized Representative 					

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