



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2025  
Corporation

→ Filing period: February 1 - May 1

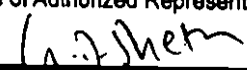
→ Filing Fee: \$50.00

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

FILED

MAR 21 2025 AMP

By 4104  STATE ONLY

1. Entity ID Number 001671496		2. Exact name of the Corporation ATMIK INC		Federal Id - 82-0684143	
3. Principal Office Address 1800 POST ROAD SUITE 14			City WARWICK	State RI	Zip 02886
4. NAICS Code 445310		6. Brief description of the character of business conducted in Rhode Island LIQUOR STORE			
5. State of Incorporation State of Incorporation 7.					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name GAURANG SHETH			Vice-President Name		
Street Address 9 LINCOLN ROAD			Street Address		
City MANSFIELD	State MA	Zip 02048	City	State	Zip
Secretary Name			Treasurer Name SHRIDHAR DEVINENI		
Street Address			Street Address 22 LINCOLN ROAD		
City	State	Zip	City MANSFIELD	State MA	Zip 02048
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name GAURANG SHETH			Director Name		
Street Address SAME AS ABOVE			Street Address		
City	State	Zip	City	State	Zip
Director Name GAURANG SHETH			Director Name		
Street Address SAME AS ABOVE			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.  Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES 1000	CLASS/SERIES COMMON STO	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. <u>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.</u>					
Name of Authorized Representative GAURANG SHETH				Date 12.01.2024	
Signature of Authorized Representative 					

## MAIL TO:

Division of Business Services  
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Website: www.sos.ri.gov