RI SOS Filing Number: 202578176060 Date: 9/15/2025 8:47:00 AM

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State of Rhode Island Department of State - Business Services Division Annual Report for the year: Corporation Filing period: February 1 - May 1 Filing Fee: \$50,00						C'D RIDOS BSD EP 15 AMB:45:11		
Penalty: Additional \$25.00 fee if form is not filed by May 31.								
1. Entity ID Number 000541865	2. Exact name of the Corporation ATANE Engineers, PC							
3. Principal Office Address 100 Great Meadows Road, Suite 400			City Wethe	hersfield			Zip 06109	
4. NAICS Code 541330 5. State of Incorporation CT	6. Brief description of the character of business conducted in Rhode Island PROFESSIONAL ENGINEERING SERVICES							
7. List ALL officers (names and addresses) Check the box to indicate an attachment President Name Vice-President Name								
QUAISER HASHMI				Vice-President Name MAHMOOD A. MOHAMMED				
Street Address 11 DEER CROSS LN			Street Address 73 PIERCE BLVD					
City NORTH BRUNSWICK	State NJ	^{Zip} 08902	ÇIIY WINDSON		State	CT	73p 06095	
Secretary Name Douglas McNevin			Treasurer Name Mahmood A. Mohammed					
Street Address 14 Grants Path			Street Address 73 PIERCE BLVD					
^{City} Poughquag	State NY	^{Zip} 12570	City WIN	VVINDSON		СТ	^{Zip} 06095	
List ALL directors (names and addresses) Director Name				Check the box to indicate an attachment Director Name				
Street Address			Street Add	Street Address				
City	State	Zip	City	ty			Zip	
Director Name	Director Name					_		
Street Address				Street Address				
City	State	Zip	City		State		Zip	
9. Shares Authorized	el la dha	10. Shares Issu		Check the t		icate an al	PAR VALUE	
This information is currently of record in the Department of State. Changes require an additional filing.		500		Common Stocks		0.00		
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								
Quaiser Hashmi					09/10/2025			
Signature of Authorized Representa	ative 		FILED					

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.rl.gov SEP 1 5 2025 BY ZR5HF 8:47

FORM 630- Revised: 12/2023