



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

REC'D RIDOS BSD
25 SEP 15 AM 8:45:07

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 Wethersfield		State CT	Zip 06109
4. NAICS Code 541330		5. Brief description of the character of business conducted in Rhode Island PROFESSIONAL ENGINEERING SERVICES			
5. State of Incorporation CT					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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	City WINDSON	State CT	Zip 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 WINDSON	State CT	Zip 06095
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
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 <input type="checkbox"/>			
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
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				Date 09/10/2025	
Signature of Authorized Representative 				FILED	

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

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FORM 630- Revised: 12/2023