



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 1448		2. Exact name of the Corporation Associated Imports, Inc.			
3. Principal office address PO Box 309			City Rehoboth	State MA	Zip 02769
4. Business Phone No. (508) 672-1340			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island investments					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Muriel Zuckerberg			Vice-President Name None		
Street Address PO Box 309			Street Address		
City Rehoboth	State MA	Zip 02769	City	State	Zip
Secretary Name Muriel Zuckerberg			Treasurer Name Muriel Zuckerberg		
Street Address PO Box 309			Street Address PO Box 309		
City Rehoboth	State MA	Zip 02769	City Rehoboth	State MA	Zip 02769
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Muriel Zuckerberg			Director Name None		
Street Address PO Box 309			Street Address		
City Rehoboth	State MA	Zip 02769	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	No Par

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED
 JAN 31 2013

10/11

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.

Muriel Zuckerberg 1/25/2013
 Signature of Authorized Representative Date

Muriel Zuckerberg

Print or Type Name of Authorized Representative