



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.

FILED
FEB 05 2024
[Handwritten Signature]

1. Entity ID Number 1448		2. Exact name of the Corporation Associated Imports, Inc.			
3. Pnncipal Office Address 263 Walnut St.			City Fall River	State MA	Zip 02720
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island Investments			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses):					Check the box to indicate an attachment <input type="checkbox"/>
President Name Michele Lederberg			Vice-President Name None		
Street Address 131 Laurel Ave.			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
Secretary Name Andrew Shabshelowitz			Treasurer Name Andrew Shabshelowitz		
Street Address 263 Walnut St.			Street Address 263 Walnut St.		
City Fall River	State MA	Zip 02720	City Fall River	State MA	Zip 02720
8. List ALL directors (names and addresses):					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Michele Lederberg			Director Name Andrew Shabshelowitz		
Street Address 131 Laurel Ave.			Street Address 263 Walnut St.		
City Providence	State RI	Zip 02906	City Fall River	State MA	Zip 02720
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100	Common	No Par	
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 Andrew Shabshelowitz, Treasurer					Date 2/1/2024
Signature of Authorized Representative <i>[Handwritten Signature]</i>					

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