



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  
24 MAY 31 PM 3:47:19

1. Entity ID Number <b>58209</b>		2. Exact name of the Corporation <b>A-1 COPIER, SALES, SERVICE &amp; SUPPLY, INC.</b>												
3. Principal Office Address <b>76 East Street</b>			City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>									
4. NAICS Code <b>532420</b>	6. Brief description of the character of business conducted in Rhode Island <b>Sales, service and supplies of copiers, printers and business machines and any other lawful business.</b>													
5. State of Incorporation <b>Rhode Island</b>														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name <b>Noorjahan Memon</b>			Vice-President Name <b>Joseph V. Gilio, Jr.</b>											
Street Address <b>76 East Street</b>			Street Address <b>76 East Street</b>											
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>	City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>									
Secretary Name <b>Noorjahan Memon</b>			Treasurer Name <b>Noorjahan Memon</b>											
Street Address <b>76 East Street</b>			Street Address <b>76 East Street</b>											
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>	City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>									
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
Director Name <b>Noorjahan Memon</b>			Director Name <b>Joseph V. Gilio, Jr.</b>											
Street Address <b>76 East Street</b>			Street Address <b>76 East Street</b>											
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>	City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized			10. Shares Issued <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.			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">NUMBER OF SHARES</th> <th style="width: 33%;">CLASS/SERIES</th> <th style="width: 33%;">PAR VALUE</th> </tr> <tr> <td style="text-align: center;"><b>100</b></td> <td style="text-align: center;"><b>Common</b></td> <td style="text-align: center;"><b>No Par Value</b></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<b>100</b>	<b>Common</b>	<b>No Par Value</b>			
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<b>100</b>	<b>Common</b>	<b>No Par Value</b>												
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. <b>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.</b>														
Name of Authorized Representative <b>Noorjahan Memon</b>			FILED <b>MAY 31 2024</b>		Date <b>4/30/24 -</b>									
Signature of Authorized Representative <i>Noorjahan Memon</i>			BY <b>139R7</b> <i>KS</i>											