



**State of Rhode Island**  
**Department of State - Business Services Division**

**Annual Report for the year: 2025**

**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 03 2025**

**BY 2532**

**AA**

1. Entity ID Number <b>1448</b>		2. Exact name of the Corporation <b>Associated Imports, Inc.</b>			
3. Principal Office Address <b>263 Walnut St.</b>			City <b>Fall River</b>	State <b>MA</b>	Zip <b>02720</b>
4. NAICS Code <b>531390</b>		6. Brief description of the character of business conducted in Rhode Island <b>Investments</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>Michele Lederberg</b>			Vice-President Name <b>None</b>		
Street Address <b>131 Laurel Ave.</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City	State	Zip
Secretary Name <b>Andrew Shabselowitz</b>			Treasurer Name <b>Andrew Shabselowitz</b>		
Street Address <b>263 Walnut St.</b>			Street Address <b>263 Walnut St.</b>		
City <b>Fall River</b>	State <b>MA</b>	Zip <b>02720</b>	City <b>Fall River</b>	State <b>MA</b>	Zip <b>02720</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>Michele Lederberg</b>			Director Name <b>Andrew Shabselowitz</b>		
Street Address <b>131 Laurel Ave.</b>			Street Address <b>263 Walnut St.</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>Fall River</b>	State <b>MA</b>	Zip <b>02720</b>
Director Name <b>None</b>			Director Name <b>None</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <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.			10. Shares Issued <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES <b>100</b>	CLASS/SERIES <b>Common</b>	PAR VALUE <b>No Par</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>Andrew Shabselowitz</b>					Date <b>1/10/2025</b>
Signature of Authorized Representative 					

**MAIL TO:**

**Division of Business Services**

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

**Phone: (401) 222-3040**

**Website: www.sos.ri.gov**