



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 2014**

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. <b>111681</b>		2. Exact name of the Corporation <b>Quandia Corporation</b>				
3. Principal office address <b>PO Box 9421</b>		City <b>Providence</b>		State <b>RI</b>	Zip <b>02940</b>	
4. Business Phone No. <b>401.578.9557</b>		5. State of Incorporation <b>RI</b>				
6. Brief description of the character of business conducted in Rhode Island <b>To consult, design, implement, integrate, support, maintain and train businesses and individuals on computer software and hardware systems; to buy, sell, lease and rent computer software and hardware.</b>						
President Name <b>Mark E. Arrighi</b>			Vice-President Name <b>NONE</b>			
Street Address <b>57 Spring St, Apt 1</b>			Street Address			
City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	City	State	Zip	
Secretary Name <b>SAME</b>			Treasurer Name <b>SAME</b>			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X BOX FOR ATTACHMENT)</b>						
Director Name <b>NONE</b>			Director Name <b>NONE</b>			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name <b>NONE</b>			Director Name <b>NONE</b>			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
<b>9. SHARES AUTHORIZED</b>						
<b>10. SHARES ISSUED (X BOX FOR ATTACHMENT)</b>						
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
				659	COMMOM	\$1.00

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

Form No. 630  
Revised: 01/2012

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.

**FILED**

**JUN 09 2014**

*Mark E. Arrighi*  
Signature of Authorized Representative

**06/09/2014**

Date

**Mark E. Arrighi**

Print or Type Name of Authorized Representative

By *205982*  
*A.A. 2:43p.m.*