



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. 111681		2. Exact name of the Corporation Quandia Corporation				
3. Principal office address PO Box 9421		City Providence		State RI	Zip 02940	
4. Business Phone No. 401.578.9557		5. State of Incorporation RI				
6. Brief description of the character of business conducted in Rhode Island 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.						
President Name Mark E. Arrighi			Vice-President Name NONE			
Street Address 57 Spring St, Apt 1			Street Address			
City East Greenwich	State RI	Zip 02818	City	State	Zip	
Secretary Name SAME			Treasurer Name SAME			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X BOX FOR ATTACHMENT)						
Director Name NONE			Director Name NONE			
Street Address			Street Address			
City	State	Zip	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)						
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.