



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 2016

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. 76002		2. Exact name of the Corporation Q.E.D. INTERNATIONAL, INC.							
3. Principal office address 218 Terrace Avenue		City Riverside	State RI	Zip 02915					
4. Business Phone No. 401-433-4045		5. State of Incorporation Rhode Island							
6. Brief description of the character of business conducted in Rhode Island The Import and Export of Gift Ware and Other Items on the World Market									
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>									
President Name CHARLES D. DIDONATO			Vice-President Name BRUNO DAMONTE						
Street Address 218 TERRACE AVENUE			Street Address GENOVA						
City RIVERSIDE	State RI	Zip 02915	City QUINTO AL MARE	State ITALY	Zip 1611				
Secretary Name CHARLES D. DIDONATO			Treasurer Name BARBARA LACROIX						
Street Address 218 TERRACE AVENUE			Street Address 218 TERRACE AVENUE						
City RIVERSIDE	State RI	Zip 02915	City RIVERSIDE	State RI	Zip 02915				
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>									
Director Name CHARLES D. DIDONATO			Director Name						
Street Address 218 TERRACE AVENUE			Street Address						
City RIVERSIDE	State RI	Zip 02915	City	State	Zip				
Director Name			Director Name						
Street Address			Street Address						
City	State	Zip	City	State	Zip				
9. SHARES AUTHORIZED									
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>									
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	
						400 No Par Value	A	None	

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: _____

FILED

FOR SECRETARY OF STATE USE ONLY JAN 06 2015

Form No. 630
Revised: 01/2012

BY 6604
DS

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.

Signature of Authorized Representative

Date

CHARLES D. DIDONATO

Print or Type Name of Authorized Representative