



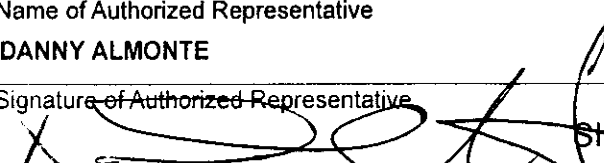
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

STAMP

FOR

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 1663277		2. Exact name of the Corporation GEDA ENTERPRISES CORP			
3. Principal Office Address 12 CHEDELL AVENUE APT 6			City EAST PROVIDENCE	State RI	Zip 02914
4. NAICS Code 44-45 - Retail Trade		6. Brief description of the character of business conducted in Rhode Island <i>Beauty Supplies</i>			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name DANNY ALMONTE			Vice-President Name SAME		
Street Address 12 CHEDELL AVENUE APT 6			Street Address		
City EAST PROVIDENCE	State RI	Zip 02914	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) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name DANNY ALMONTE			Director Name		
Street Address 12 CHEDELL AVENUE APT 6			Street Address		
City EAST PROVIDENCE	State RI	Zip 02914	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			10,000.00		CNP
			PAR VALUE		\$0.0000
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. <i>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.</i>					
Name of Authorized Representative DANNY ALMONTE				Date 8/02/2017	
Signature of Authorized Representative 				FILED AUG 25 2017 <i>138 DS</i>	
SIGN DOCUMENT HERE					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

BY _____