



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2021**
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 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. NAICS Code 541990		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			
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 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) Check the box to indicate an 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 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 PAR VALUE		
			400 No Par Value	A	None
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. 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.					
Name of Authorized Representative CHARLES D. DIDONATO				Date 01/09/2021	
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

JAN 28 2021

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