



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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2023 APR 25 PM 1:51

1. Entity ID Number 76002		2. Exact name of the Corporation Q.E.D. INTERNATIONAL, INC.										
3. Principal Office Address 218 TERRACE AVE		City RIVERSIDE	State RI									
		Zip 02915										
4. NAICS Code 5240	6. Brief description of the character of business conducted in Rhode Island THE IMPORT & EXPORT OF GIFTWARE & OTHER ITEMS ON THE WORLD MARKET											
5. State of Incorporation RI												
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>												
President Name CHARLES DIDONATO		Vice-President Name BRUNO DAMONTE										
Street Address 218 TERRACE AVE		Street Address GENOVA										
City RIVERSIDE	State RI	City QUINTO AL MARE	State ITALY									
Zip 02915		Zip 1611										
Secretary Name CHARLES DIDONATO		Treasurer Name BARBARA LACROIX										
Street Address 218 TERRACE AVE		Street Address 218 TERRACE AVE										
City RIVERSIDE	State RI	City RIVERSIDE	State RI									
Zip 02915		Zip 02915										
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>												
Director Name CHARLES DIDONATO		Director Name										
Street Address 218 TERRACE AVE		Street Address										
City RIVERSIDE	State RI	City	State									
Zip 02915		Zip										
Director Name		Director Name										
Street Address		Street Address										
City	State	City	State									
Zip		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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>400No Par Value</td> <td>A</td> <td>None</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	400No Par Value	A	None			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
400No Par Value	A	None										
Changes require an additional filing.												
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 DIDONATO		Date 02/01/2023										
Signature of Authorized Representative 		FILED										

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

APR 25 2023
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