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State of Rhode Island

## Department of State - Business Services Division

al Report for the year: 2023 oration

RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV

ling period: February 1 - May 1

→ Filing Fee: \$50.00

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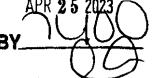
→ Penalty: Additional \$25,00 fo							
1. Entity ID Number 76002	2. Exact name of the Corporation Q.E.D. INTERNATIONAL, INC.						
3. Principal Office Address		<u> </u>	City		State	Zıp	
218 TERRACE AVE			RIVERS		RI	02915	
5. State of Incorporation	6. Brief description of the character of business conducted in Rhode Island THE IMPORT & EXPORT OF GIFTWARE & OTHER ITEMS ON THE WORLD MARKET						
7. List ALL officers (names and addresses)  Check the box to indicate an attachment							
President Name CHARLES DIDONATO			Vice-President Name BRUNO DAMONTE				
Street Address 218 TERRACE AVE			Street Address GENOVA				
City RIVERSIDE	State RI	<sup>Zip</sup> 02915	City QUINTO AL MARE State ITALY Zip 1611				
Secretary Name CHARLES DIDONATO		Treasurer Name BARBARA LACROIX					
	218 TERRACE AVE			Street Address 218 TERRACE AVE			
City RIVERSIDE	State RI	<sup>Zip</sup> 02915	City RIVERSIDE State RI Zip 02915				
8. List ALL directors (names and addresses)  Check the box to indicate an attachment   Director Name							
CHARLES DIDONATO		Director Name					
Street Address 218 TERRACE AVE		Street Address					
City RIVERSIDE	State RI	<sup>Z<sub>iP</sub></sup> 02915	City		State	Zip	
Director Name		Director Name					
Street Address		Street Address					
City	State	Zıp	City		State	Zip	
9 Shares Authorized	Shares Authorized 10. Shares Issued			Check the box to indicate an attachment			
This information is currently of record in the NUMBER C		NUMBER OF S		CLASS/SERIES		PAR VALUE	
Changes require an additional filing.		400No Pa	400No Par Value A		None		
11. This second months are a							
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  (2) (2) (2) (2) (2) (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4							
Signature of Authorized Representative FILED							
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MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos ri.gov



FORM 630 - Revised: 11/2021