



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

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R.I. DEPT. OF STATE
BUS SVCS DIV

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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 <i>5190</i>	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 <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES
		400No 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 DIDONATO			Date 02/01/2023
Signature of Authorized Representative <i>Charles Didonato</i>			

FILED

APR 25 2023

BY

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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