



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2611
401.222.3000

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 000114574		2. Name of Corporation GLOBAL RHODE ISLAND	
3. State of Incorporation RI		4. Corporate address in Rhode Island - Street Address 15 ROSEMARY LANE	
		City Jamestown Newport	Zip 02835
5. Foreign corporation. Enter principal office address		City	State
5. Brief Description of the character of the affairs which are actually conducted in Rhode Island ADMINISTERS HIGH SCHOOL PROGRAM, 'CAPITOL FORUM FOR AMERICA'S FUTURE' FOR THE STATE OF RHODE ISLAND.			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name EUGENE MIHALY		Vice President Name FAITH FOGLE	
Street Address 4 HALFMILE RD.		Street Address 11 GROTTO AVE.	
City BARRINGTON	State RI	City PROVIDENCE	State RI
Zip 02806		Zip 02912	
Secretary Name LINDA RAFTREE		Treasurer Name SUSAN GRASECK	
Street Address PLAN USA PLAN WAY		Street Address WATSON INSTITUTE, BOX 1948, BROWN UNIV.	
City WARWICK	State RI	City PROVIDENCE	State RI
Zip 02806		Zip 02912	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23			
Director Name EUGENE MIHALY		Director Name FAITH FOGLE	
Street Address 4 HALFMILE RD.		Street Address 11 GROTTO AVE.	
City BARRINGTON	State RI	City PROVIDENCE	State RI
Zip 02806		Zip	
Director Name SUSAN GRASECK		Director Name LINDA RAFTREE	
Street Address P.O. BOX 1948 BROWN UNIV.		Street Address PLAN USA PLAN WAY	
City PROVIDENCE	State RI	City WARWICK	State RI
Zip 02912		Zip	
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78			
Agent Name		Address	
Address		City	Zip

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date	FILED
Check No.	JUL 02 2008
By:	By 141
FOR SECRETARY OF STATE USE ONLY	

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.

Signature of Officer
SUSAN GRASECK
Print or Type Name of Officer
TREASURER
Title of Officer
6/27/08
Date