



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

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|---|--------------------|--|---|--------------------|---------------------|
| 1. Entity ID No. <u>114574</u> | | 2. Exact name of the Corporation <u>GLOBAL RHODE ISLAND</u> | | | |
| 3. State of Incorporation <u>RI</u> | | 4. Brief description of the character of business conducted in Rhode Island <u>15 ROSEMARY LANE EDUCATION</u> | | | |
| 5. Principal office address <u>15 ROSEMARY LANE</u> | | City <u>JAMESTOWN</u> | | State <u>RI</u> | Zip <u>02835</u> |
| . LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| President Name <u>EUGENE B. MIHALY</u> | | | Vice-President Name <u>FAITH FOGLE</u> | | |
| Street Address <u>35 KNOWLES COURT #104</u> | | | Street Address <u>11 GROTTA AVE</u> | | |
| City <u>JAMESTOWN</u> | State <u>RI</u> | Zip <u>02835</u> | City <u>PROVIDENCE</u> | State <u>RI</u> | Zip <u></u> |
| Secretary Name <u></u> | | | Treasurer Name <u>SUSAN GRABECK</u> | | |
| Street Address <u></u> | | | Street Address <u>BROWN UNIVERSITY P.O. BOX 1948</u> | | |
| City <u></u> | State <u></u> | Zip <u></u> | City <u>PROVIDENCE</u> | State <u>RI</u> | Zip <u>02906</u> |
| . LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| Director Name <u>EUGENE MIHALY</u> | | | Director Name <u>SUSAN GRABECK</u> | | |
| Street Address <u>35 KNOWLES CT. # 104</u> | | | Street Address <u>BROWN UNIVERSITY P.O. BOX 1948</u> | | |
| City <u>JAMESTOWN</u> | State <u>RI</u> | Zip <u>02835</u> | City <u>PROVIDENCE</u> | State <u>RI</u> | Zip <u>02906</u> |
| Director Name <u>FAITH FOGLE</u> | | | Director Name <u></u> | | |
| Street Address <u>11 GROTTA AVE</u> | | | Street Address <u></u> | | |
| City <u>PROVIDENCE</u> | State <u>RI</u> | Zip <u></u> | City <u></u> | State <u></u> | Zip <u></u> |
| . REGISTERED AGENT IN RHODE ISLAND | | | | | |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641. | | | | | |

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

File Date _____

Check No _____

By: _____

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FILED

SEP 16 2013

BY 2225090

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

Date

Eugene B. Michaly

Print or Type Name of Officer

Chairman of the Board

Title of Officer