RI SOS Filing Number: 201447283870 Date: 10/07/2014 1:13 PM

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

Fee: $20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Non-Profit Corporation Annual Report

Filing Period: June 1 - June 30

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.

ANNUAL REPORT YEAR: 2014

1. Corporate ID No. 000160705

2. Name of Corporation Longitude

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 21 CRESCENT STREET
City or Town: PROVIDENCE State: RI Zip: 02907 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO EMPOWER VISIONARY LEADERS OF GRASSROOTS EDUCATIONAL AND HUMAN RIGHTS INITIATIVES IN DEVELOPING COUNTRIES BY PROVIDING MUCH NEEDED RESOURCES, VOLUNTEERS AND SUPPORT SERVICES

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	EMILY HAYDOCK	910 EUCLID AVE BERKELEY, CA 94708 USA
TREASURER	ERIN MORIOKA	1539 6TH AVE

		OAKLAND, CA 94606 USA
ASSISTANT SECRETARY	SHAWN RUBIN	21 CRESCENT STREET PROVIDENCE, RI 02907 USA
DIRECTOR	MICHELLE HUA	3222 GRANT RD COURTENAY, BC BCV9N9P7 CAN
DIRECTOR	JONATHAN SLAKEY	455 1/2 KELTON AVE LOS ANGELES, CA 90024 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

SHAWN C. RUBIN 21 CRESCENT STREET PROVIDENCE , RI 02907

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 7 Day of October, 2014 at 1:14:39 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By SHAWN RUBIN
Signature of Authorized Person

Form No. 631
Revised 09/07