



**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:** 2015

**1. Corporate ID No.** 000542271

**2. Name of Corporation** Global Nurse Initiative

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 362 LLOYD AVENUE

City or Town: PROVIDENCE

State: RI

Zip: 02906

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**

FUNDRAISING EVENTS FOR WORKERS OR AID TO IMPOVERISHED COMMUNITIES OR DISASTER STRICKEN AREAS AND RELATED 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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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	SARAH RICHARDS RN	362 LLOYD AVE PROVIDENCE, RI 02906 USA
DIRECTOR	NOLENE FERGUSON	35 KOSTA DR WORCESTER, MA 01607 USA

DIRECTOR	JESSICA KRASNER	35 FREEHOLD AVE CRANSTON, RI 02920 USA
DIRECTOR	SHANNYN DEWEY	832 WASHINGTON AVE #3L BROOKLYN, NY 11238 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**

SARAH RICHARDS 362 LLOYD AVENUE PROVIDENCE , RI 02906

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

**Signed this 4 Day of April, 2015 at 7:41:03 AM 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 SARAH RICHARDS  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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