



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. 000107944

2. Name of Corporation GLOBAL RESOURCE GROUP

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 40 PINE SWAMP ROAD

City or Town: CUMBERLAND

State: RI Zip: 02864 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 ENGAGE IN A BROAD RANGE OF ACTIVITIES TO BENEFIT THE LOCAL
COMMUNITY AS WELL AS FOREIGN COMMUNITIES

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
SECRETARY	SHELLY R PAGNOTTA	5213 ALEXANDER DRIVE FLOWER MOUND , TX 75028 USA
VICE PRESIDENT	RANDY D LEWIS	153 FEDERAL STREET BLACKSTONE, MA 01504 USA

DIRECTOR	JUDY A. LEWIS	5213 ALEXANDER DRIVE FLOWER MOUND, TX 75028
PRESIDENT	DR. ROBERT LEWIS	5213 ALEXANDER DRIVE FLOWER MOUND, TX 75028- USA
DIRECTOR	RANDY D LEWIS	153 FEDERAL STREET BLACKSTONE, MA 01504 USA
DIRECTOR	SHELLY R PAGNOTTA	5213 ALEXANDER DRIVE FLOWER MOUND, TX 75028 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**

RANDY D. LEWIS 40 PINE SWAMP ROAD CUMBERLAND , RI 02864

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

Signed this 1 Day of May, 2015 at 5:18:02 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 RANDY D LEWIS
Signature of Authorized Person

Form No. 631
Revised 09/07