



**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:** 2019

**1. Corporate ID No.** 000974378

**2. Name of Corporation** Global Sustainable Aid Project

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code   
813219

**4. Corporate Address in Rhode Island**

No. and Street: C/O DON STANFORD

51 DRYDEN

City or Town: PAWTUCKET

State: RI

Zip: 02860

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**

THE GLOBAL SUSTAINABLE AID PROJECT (GSAP) SEEKS TO FOSTER SUSTAINABLE EFFORTS IN EDUCATION (ESPECIALLY GIRLS EDUCATION), WATER AND SANITATION, HEALTH AND HYGIENE (ESPECIALLY IN SCHOOL WASH PROGRAMS), AND COMMUNITY DEVELOPMENT IN RURAL COMMUNITIES IN THE DEVELOPING WORLD.

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	TERENCE MCGOLDRICK	48 TOWNE STREET NO. ATTLEBORO, MA 02760 USA
TREASURER	RICHARD V DWYER	39 HIGHVIEW DRIVE HINGHAM, MA 02043 USA
DIRECTOR	HANNAH DAVIS	2 CORNELIA STREET NEW YORK, NY 10014 USA
DIRECTOR	ALYSSA DAVIS	2 CORNELIA STREET NEW YORK , NY 10014 USA
DIRECTOR	TERENCE MCGOLDRICK	48 TOWNE STREET NO. ATTLEBORO, MA 02760 USA
DIRECTOR	ROBERT E MECCA	379 SCHOOL STREET BOYLSTON, MA 01505 USA
DIRECTOR	MARGARET SAAUNO	NEW CRYSTAL HEALTH SERVICES, PO BOX 547 ASHAIMAN, GHA
DIRECTOR	JERMOH KAMARA	PO BOX 3226 WORCESTER, MA 01604 USA
DIRECTOR	COMFORT ATEH	5 BIRCH ROAD LINCOLN, RI 02856 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**

STEPHEN MECCA 5 AQUIDNECK COURT JAMESTOWN , RI 02835

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

*Signed this 9 Day of December, 2019 at 8:26:03 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 RICHARD V DWYER  
Signature of Authorized Person

Form No. 631  
Revised 09/07

