



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS SVCS DIV

2020 MAY 29 AM 11:20

Annual Report for the year:

Non-Profit Corporation

2020

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 366673		2. Exact name of the Corporation Higher Ground International	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Intergenerational Social Services & Community Development NGO, Supporting African Immigrants & Refugees	
4. NAICS Code 624190			
6. Principal Office Address 250 Prairie Avenue		City Providence	State RI
		Zip 02906	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Henrietta White Holder		Vice-President Name Michelle Reago	
Street Address 184 Grace Street		Street Address 27 Lantern Lane	
City Cranston	State RI	City Barrington	State RI
Zip 02910		Zip 02806	
Secretary Name Julia Noguchi		Treasurer Name	
Street Address 210 Pleasant Street		Street Address	
City Rumford	State RI	City	State
Zip 02916		Zip	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Anne Quinterio		Director Name Kobi Dennee	
Street Address 79 Metropolitan Rd		Street Address 253 Mt. Pleasant Avenue	
City Providence	State RI	City Providence	State RI
Zip 02908		Zip 02908	
Director Name Mr. James Alexander		Director Name Mackenzie L' Maree	
Street Address 74 Scene Drive		Street Address P.O. BOX 2870	
City West Warwick	State RI	City Parkes	State NSW Australia
Zip 02893		Zip	
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee			
Name of Officer/Authorized Representative Henrietta White Holder		Date 5/20/2020	
Signature of Officer/Authorized Representative <i>Henrietta White Holder</i>			

FILED

MAY 29 2020

BY

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