State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
Non-Profit Corporation
→ Filing period: June 1 - June 30
→ Filing Fee $20.00
→ Penalty: Additional $25.00 fee if form is not filed by July 30.

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R.I. DEPT. OF STATE
BUS SVCS DIV
2021 JUN -4 P 2:41

1. Entity ID Number	2. Exact name of the Corporation
366673	HIGHER Gound 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 West African Immigrants/Refugees & Marginalized Communities
4. NAICS Code: 624190	

6. Principal Office Address	City	State	Zip
250 Prairie Avenue	Providence	RI	02905

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Henrietta Ntute Holder	Michelle Rego
Street Address: 184 Grace Street	Street Address: 27 Lantern Lane
City: Cranston State: RI Zip: 02910	City: Barrington State: RI Zip: 02806
Secretary Name: Julia Noguchi	Treasurer Name: Nancy Rambo-Mcguire
Street Address: 210 Pleasant Street	Street Address: 1398 Narragansett Blvd.
City: Rumford State: RI Zip: 02916	City: Cranston State: RI Zip:

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name	Director Name
Kobi Dennis	James Alexander
Street Address: 253 Mt. Pleasant Avenue	Street Address: 74 Scenic Drive
City: Providence State: RI Zip: 02908	City: West Warwick State: RI Zip: 02893
Director Name: McKenzie L'Maree	Director Name
Street Address: P.O. BOX 2870 NSW	Street Address
City: Parkes State: Australia Zip:	City State Zip

9. The Registered Agent information of record with the RI Department of State is accurate. 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	Date
Henrietta Ntute Holder	6/4/2021

Signature of Officer/Authorized Representative: [signature]

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

JUN 4 2021
BY [illegible]

FORM 631 - Revised: 08/2020