

**State of Rhode Island
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: 2021**1. Corporate ID No.** 001704424**2. Name of Corporation** Global Fellows in Courage**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

813311**4. Principal Office Address**No. and Street: 66 WILLIAMS STCity or Town: PROVIDENCEState: RIZip: 02906Country: USA**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

THE CORPORATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE AND EDUCATIONAL PURPOSES,
WITHIN THE MEANING OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, OR
THE
CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE ("SECTION 501(C)
(3)").
SPECIFICALLY, THE CORPORATION IS ORGANIZED TO EDUCATE LEADERS AND
PROVIDE TRAINING TO
ADVANCE THEIR EXPERTISE. IN FURTHERANCE OF THESE PURPOSES, THE
CORPORATION SHALL
HAVE POWERS TO CARRY ON ANY BUSINESS OR OTHER ACTIVITY THAT MAY BE
LAWFULLY

CONDUCTED BY A NON-PROFIT CORPORATION UNDER THE RHODE ISLAND
NONPROFIT CORPORATION
ACT (THE "ACT") AND TO DO ANY THINGS NECESSARY, PROPER AND CONSISTENT
WITH
MAINTAINING TAX-EXEMPT STATUS UNDER SECTION 501(C)(3).

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
INCORPORATOR	LORNE A ADRAIN	66 WILLIAMS ST PROVIDENCE, RI 02906 USA
CHAIRMAN	LORNE A ADRAIN	66 WILLIAMS ST PROVIDENCE, RI 02906 UNI
DIRECTOR	MITCHELL N ACKERMAN	397 WAYLAND AVE PROVIDENCE, RI 02906 USA
DIRECTOR	GEOFFREY KIRKMAN	93 SHELDON ST PROVIDENCE, RI 02906 USA
DIRECTOR	LORNE A ADRAIN	66 WILLIAMS ST PROVIDENCE, RI 02906 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

LORNE A ADRAIN 66 WILLIAMS ST PROVIDENCE , RI 02906

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

Signed this 27 Day of August, 2021 at 5:28:48 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 LORNE A ADRAIN
Signature of Authorized Person

Form No. 631
Revised 09/07