



Department of State - Business Services Division

Annual Report for the year: 2022
Non-Profit Corporation

- > Filing period: February 1 - May 1
- > Filing Fee: \$20.00
- > Penalty: Additional \$25.00 fee if form is not filed by May 31.

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R.I. DEPT. OF STATE
BUS. SVCS. DIV.



2023 MAY 31 P 3:31

1. Entity ID Number 001725896	2. Exact name of the Corporation Global Financial Balance, Inc.
3. State of Incorporation Rhode Island	4. Brief description of the character of business conducted in Rhode Island. Providing capacity building support facilitate countries dialogues, strategy development and program /projects around mitigating illicit financial flows.
4. NAICS Code <u>813219</u>	

6. Principal Office Address 124 Waverly Street	City Providence	State Rhode Island	Zip 02907
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7. List ALL officers (names and addresses) Check the box to indicate an attachment

President Name J. FRANK GOULD			Vice-President Name ANTOINETTE R. WOTORSON		
Street Address 124 WAVERLY STREET			Street Address 46 SEAR AVENUE		
City PROVIDENCE	State RHODE ISLAND	Zip 02907	City PROVIDENCE	State RHODE ISLAND	Zip 02908

Secretary Name SONOKAI GEORGE B. GOULD			Treasurer Name ANTOINETTE R. WOTORSON		
Street Address ONE 5 COMMUNITY JOE BAR			Street Address 46 SEAR AVENUE		
City DAYNESVILLE	State MONTSERRADO	Zip NA	City PROVIDENCE	State RHODE ISLAND	Zip 02908

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

Director Name sonokai George B. Gould			Director Name Alexander Swen		
Street Address one 5 Community Joe Bar			Street Address 14838 Belle ami Dr		
City daynesville	State Liberia	Zip NA	City Laurel	State Maryland	Zip 20707
Director Name Frank Gould			Director Name		
Street Address 124 Waverly Street			Street Address		
City Providence	State Rhode Island	Zip 02907	City	State	Zip

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 Frank Gould 	Date 04/24/2023
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FILED

MAY 31 2023
BY ALY7T5X 3:32