



State of Rhode Island

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 813219	

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	City PROVIDENCE	State RHODE ISLAND
Zip 02907		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	City PROVIDENCE	State RHODE ISLAND
Zip NA		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	City Laurel	State Maryland
Zip NA		Zip 20707	

Director Name Frank Gould		Director Name	
Street Address 124 Waverly Street		Street Address	
City providence	State Rhode Island	City	State
Zip 02907		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