



State of Rhode Island

Department of State - Business Services Division

REC'D RIDG05 BSD
24 JUL 12 AM 10:14:25

Annual Report for the year: 2024
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <u>104688</u>		2. Exact name of the Corporation <u>GLOBAL 2000 INC.</u>			
3. Principal Office Address <u>125 WAYLAND AV. UNIT 1</u>		City <u>CRANSTON</u>	State <u>R.I.</u>	Zip <u>02920</u>	
4. NAICS Code <u>561730</u>		6. Brief description of the character of business conducted in Rhode Island			
5. State of Incorporation <u>RI</u>		<u>LANDSCAPING</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>BRIAN F. O'HARA</u>			Vice-President Name <u>SAME AS PRESIDENT</u>		
Street Address <u>8 COUNTRY HILL LANE</u>			Street Address		
City <u>NORTH KINGSTOWN</u>	State <u>R.I.</u>	Zip <u>02852</u>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <u>SAME AS PRESIDENT</u>			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<u>0</u>	<u>STK</u>	<u>0</u>
			<u>0</u>		
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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.					
Name of Authorized Representative <u>Brian F. O'Hara</u>				Date <u>7/12/2024</u>	
Signature of Authorized Representative <u>Brian F. O'Hara</u>				FILED 1014 <u>DATA</u>	

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

JUL 12 2024
 BY DATA