State of Rhode Island
Department of State - Business Services Division

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.

STAMP

1. Entity ID Number	2. Exact name of the Corporation		
000894327	HILL INTERNATIONAL, INC.		
3. Principal Office Address	City	State	Zip
2005 MARKET STREET, 17TH FL	PHILADELPHIA	PA	19103
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
541330	PROJECT MANAGEMENT/CONSTRUCTION MANAGEMENT		
5. State of Incorporation			
DE			

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

President Name	RAOUF S. GHALI		Vice-President Name	AILEEN SCHWARTZ	
Street Address	2005 MARKET STREET, 17TH FL		Street Address	2005 MARKET STREET, 17TH FL	
City	PHILADELPHIA	State PA Zip 19103	City	PHILADELPHIA	State PA Zip 19103
Secretary Name	WILLIAM H. DENGLER, JR		Treasurer Name	MICHAEL FLUEHR	
Street Address	2005 MARKET STREET, 17TH FL		Street Address	2005 MARKET STREET, 17TH FL	
City	PHILADELPHIA	State PA Zip 19103	City	PHILADELPHIA	State PA Zip 19103

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

Director Name	RICHARD C. LEE		Director Name	JEFFREY M. KISSEL	
Street Address	2005 MARKET STREET, 17TH FL		Street Address	2005 MARKET STREET, 17TH FL	
City	PHILADELPHIA	State PA Zip 19103	City	PHILADELPHIA	State PA Zip 19103
Director Name	DEBORAH S. BUTERA		Director Name		
Street Address	2005 MARKET STREET, 17TH FL		Street Address		
City	PHILADELPHIA	State PA Zip 19103	City		State Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1000	COMMON	$0.0001

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	Date
WILLIAM H. DENGLER, JR	09/24/2024

Signature of Authorized Representative

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

FILED
SEP 30 2024
BY SWB2D 1:54.

FORM 630- Revised: 04/2023