						22/20		
State of Rhode Island Department of State - Business Services Division						TSTAMP		
Annual Report for the year: Corporation Filing period: February 1 - May 1 Filing Fee: \$50.00 Penalty: Additional \$25.00 fee if form is not filed by May 31.						1388 1388 1388 1388 1388 1388 1388 1388		
1. Entity ID Number 000894327	2. Exact name of the Corporation HILL INTERNATIONAL, INC.							
3. Principal Office Address 2005 MARKET STREET, 17TH FL			City PHILA	DELPHIA	State PA		Zip 19103	
4. NAICS Code 541330 5. State of Incorporation DE	6. Brief description of the character of business conducted in Rhode Island PROJECT MANAGEMENT/CONSTRUCTION MANAGEMENT							
7. List ALL officers (names and addresses)				Check the box to indicate an attachment				
President Name RAOUF S. GHALI Street Address			Street Address 2005 MARKET STREET, 17TH FL					
2005 MARKET City PHILADELPHIA	STREET, 1/1	75p 19103	City	LADELPHIA	Stale	PA	Zip	
Secretery 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	LADELPHIA	State	PA	^{Zip} 19103	
8. List ALL directors (names and addresses) Check the box to indicate an attachme							achment 🗆	
Director Name RICHARD C. LEE				JEFFREY M. KISSEL				
Street Address 2005 MARKET STREET, 17TH FL			Street Address 2005 MARKET STREET, 17TH FL					
PHILADELPHIA	State PA	^{Zip} 19103	PHILADELPHIA		State	PA	^{Zip} 19103	
DEBORAH S. BUTERA				Director Name				
Street Address 2005 MARKET STREET, 17TH FL			Street Add	<u></u>	ID-4-		T7:-	
City PHILADELPHIA	State PA	^{Zip} 19103	City	<u> </u>	State	inata an in	Zip	
9. Shares Authorized This information is currently of recor	hares Authorized 10. S information is currently of record in the		ed Check the box to indicate an attachment [SHARES CLASSISERIES PAR VALUE					
Department of State. Changes require an additional filing.		1000		COMMON		\$0.0001		
-		<u> </u>		L		<u></u>		
 This report must be executed or ceiver or trustee, this report must be 	e executed on beh	alf of the corporat	tion by the	receiver or trustee.				
Under penalty of perjury, I declar statements, and that all statemen	e and affirm that its contained her	I have examined ein are true and	this repor correct.	τ, including any acco	mpanying	, scneaul	:s and	
Name of Authorized Representative WILLIAM H. DENGLER, JR					Date 09/2	Date 09/24/2024		
Signature of Authorized Representa		AX						

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ni.gov FILED

