RI SOS Filing Number: 202563103910 Date: 1/23/2025 4:00:00 PM

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State of Rhode Island

Department of State - Business Services Division

FILED 4P

Annual Report for the year: 2025 Corporation

JAN 2 3 2025

→ Filing period: February 1 - May 1 → Filing Fee: \$50.00

→ Penalty: Additional \$25.00	I fee if form is no	ા filed by May 31.				·		
Entity ID Number 2. Exact name of the Corporation								
000155589	GLOBAI	GLOBAL VIEW COMMUNICATIONS, INC.						
163 EXCHANGE STREET, SUITE 303			City PAWTUC	JCKET State		Zip 02860		
4. NAICS Code				onducted in Rhode Isl				
541800	DIVERSIT	TY, EQUITY AN ISEMENT DES	ND INCLUSION SERVICE	ON SOLUTION	S, MARK	ETING AND		
5. State of Incorporation RHODE ISLAND	7,0 , 2,	7.5 VERTIGENIE IVI BEGIGIN GERTAIGEG.						
7. List ALL officers (names and ac	ddresses)					an attachment 🔲		
	President Name GREG ALMIEDA				Vice-President Name GREG ALMIEDA			
Street Address 24 VALLEY V			Street Address	Street Address 24 VALLEY VIEW DRIVE				
City GREENVILLE	State RI	^{Žip} 02828	City GREEN	1VILLE	State RI	^{Zip} 02828		
Secretary Name GREG ALMIE	EDA		Treasurer Name	Treasurer Name GREG ALMIEDA				
Street Address 24 VALLEY V	IEW DRIVE		Street Address	Street Address 24 VALLEY VIEW DRIVE				
City GREENVILLE	State RI	^{Zip} 02828	City GREEN	GREENVILLE		² 02828		
8. List ALL directors (names and	addresses)			Check the bo	x to indicate	an attachment 🔲		
Director Name GREG ALMIE	DA		Director Name					
Street Address 24 VALLEY VIEW DRIVE			Street Address	Street Address				
City GREENVILLE	State RI	^{Zip} 02828	City		State	Zip		
Director Name			Director Name	Director Name				
Street Address			Street Address					
City	State	Zip	City		State	Zip		
9. Shares Authorized		10. Shares Issu	led	Check the br	<u> </u>	e an attachment		
This information is currently of rec	ord in the	NUMBER OF S	SHARES	CLASS/SERIES		PAR VALUE		
Department of State.		8,00	8,000			\$0.01		
Changes require an additional filing	g. ———							
11. This report must be executed ceiver or trustee, this report must					ation is in th	e hands of a re-		
Under penalty of perjury, I decl statements, and that all statem	lare and affirm th	hat I have examine	d this report, inc		panying sci	hedules and		
Name of Authorized Representati	ive		, , , , , , , , , , , , , , , , , , ,		Date JANUARY 10, 2025			
GREG ALMIEDA, PRESIDENT					JANUA	KY 10, 2025		
Signature of Authorized Represer	1 / /	11 0						

MAIL TO:

Division of Business Services

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

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