



State of Rhode Island
Department of State - Business Services Division

FILED

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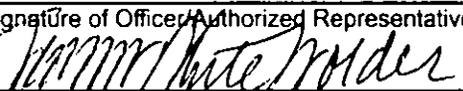
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Annual Report for the year: 2025
Non-Profit Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 366673		2. Exact name of the Corporation HIGHER GROUND INTERNATIONAL			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island Intergenerational Social Services Agency that supports West African Immigrants, Refugees and Underserved Communities in Rhode Island.			
4. NAICS Code 624000					
6. Principal Office Address 21 Peace Street			City Providence	State RI	Zip 02907
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Christine Walsh McDermott			Vice-President Name Mitchell Edwards		
Street Address 308 Manolla Ave.			Street Address 38 Blueberry Lane		
City Warwick	State RI	Zip 02888	City Cranston	State RI	Zip 02921
Secretary Name Toby Riseborough			Treasurer Name Betty Clinton		
Street Address 572 Smithfield Ave			Street Address 50 Beachmont Avenue		
City Providence	State RI	Zip 02904	City Cranston	State RI	Zip 02905
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Julia Noguchi			Director Name Daniel Gilroy		
Street Address 210 Pleasant Street			Street Address 289 Larchwood Dr.		
City Rumford	State RI	Zip 02916	City Warwick	State RI	Zip 02886
Director Name Beatrice Richardson-White			Director Name Wendy Johnson		
Street Address 106 Woodbine Street			Street Address 34 Milk Street		
City Cranston	State RI	Zip 02910	City Providence	State RI	Zip 02905
9. 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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Henrietta White-Holder					Date 7/8/25
Signature of Officer/Authorized Representative 					

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov