State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
Non-Profit Corporation
→ Filing period: June 1 - June 30
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by July 30.

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1. Entity ID Number	2. Exact name of the Corporation
000071768	Providence CityArts! for Youth, Inc.
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Since 1992, ¡CityArts! has offered free in-school, after-school, and summer arts education to thousands of the city's youth, ages 8 - 14. We believe an arts education is central to youth empowerment, community building, and social change.
4. NAICS Code: 624110 - Child and Youth	

6. Principal Office Address	City	State	Zip
891 Broad Street	Providence	RI	02907

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

President Name: Christina Alderman			Vice-President Name: Garry Bliss		
Street Address: 2 Western Street			Street Address: 8 Rhode Island Ave		
City: Providence	State: RI	Zip: 02906	City: Providence	State: RI	Zip: 02906
Secretary Name: David Leveillee			Treasurer Name: Christina Alderman		
Street Address: 170 Ontario Street			Street Address: 2 Western Street		
City: Providence	State: RI	Zip: 02907	City: Providence	State: RI	Zip: 02906

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: Mia Thompson			Director Name: Amy Leidtke		
Street Address: 42 Blackmore Street			Street Address: 99 Almy Street, Apt 1		
City: East Greenich	State: RI	Zip: 02818	City: Providence	State: RI	Zip: 02909
Director Name: Gary Bliss			Director Name:		
Street Address: 8 Rhode Island			Street Address:		
City: Providence	State: RI	Zip: 02909	City:	State:	Zip:

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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative	Date
Taylor Jackson	05/25/2021

Signature of Officer/Authorized Representative

FILED
MAY 28 2021
BY SVC39

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

FORM 631 - Revised: 08/2020

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