



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: **2021**

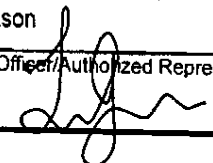
Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

2021 MAY 28 A 8:41
R.I. DEPT OF STATE
BUS SVCS DIV
RECEIVED
AMP

1. Entity ID Number 000071768		2. Exact name of the Corporation Providence CityArts for Youth, Inc.	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Since 1992, iCityArts! 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 891 Broad Street		City Providence	State RI
		Zip 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	City Providence	State RI
Zip 02906		Zip 02906	
Secretary Name David Leveillee		Treasurer Name Christina Alderman	
Street Address 170 Ontario Street		Street Address 2 Western Street	
City Providence	State RI	City Providence	State RI
Zip 02907		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 Greenwich	State RI	City Providence	State RI
Zip 02818		Zip 02909	
Director Name Garry Bliss		Director Name	
Street Address 8 Rhode Island		Street Address	
City Providence	State RI	City	State
Zip 02909		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 Taylor Jackson		Date 05/25/2021	
Signature of Officer/Authorized Representative 		FILED	

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

MAY 28 2021

BY  SVC39
FORM 631 - Revised: 08/2020

8:43