



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

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.

RECEIVED STAMP
R.I. DEPT. OF STATE
BUS SVCS DIV.

2023 OCT -4 A 11:08

1. Entity ID Number 001697584		2. Exact name of the Corporation IMPACT RI			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island TO OFFER ACCESS TO EDUCATION AND PROVIDE TRAINING COURSES FOR UNDER PRIVILEGED RI RESIDENTS AND TO TEACH THE IMPORTANCE OF EDUCATIONS, ENTREPRENEURSHIP, AND HOME OWNERSHIP. THE MISSION IS TO TRY ERADICATING			
4. NAICS Code 611310					
6. Principal Office Address 10 DAVOL SQUARE SUITE 100			City PROVIDENCE	State RI	Zip 02903
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name JANICE FALCONER			Vice-President Name		
Street Address 10 DAVOL SQUARE SUITE 100			Street Address		
City PROVIDENCE	State RI	Zip 02903	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name CRYSTAL D HALL			Director Name JEFFREY E NELSON		
Street Address 383 SAYLES STREET			Street Address 128 DORRANCE STREET		
City PROVIDENCE	State RI	Zip 02907	City PROVIDENCE	State RI	Zip 02903
Director Name ELINOL BERNARD			Director Name		
Street Address 2220 PLAINFIELD PIKE			Street Address		
City CRANSTON	State RI	Zip 02920	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.					
<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 JANICE FALCONER				Date 10/04/2023	
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

OCT 04 2023

11:10am

BY LHS VNIQE