RI SOS Filing Number: 202342041130 Date: 10/4/2023 11:10:00 AM



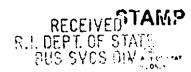
## State of Rhode Island **Department of State - Business Services Division**

Annual Report for the year: 2024

**Non-Profit Corporation** 

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00



201 A II A III A

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.					
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				
4. NAICS Code	THE IMPORTANCE OF EDUCATIONS, ENTREPRENEURSHIP, AND				
611310	HOME OWNERSHIP. THE MISSION IS TO TRY ERADICATING				
6. Principal Office Address			City	State	Zip
10 DAVOL SQUARE SUITE 100			PROVIDENCE	RI	02903
7. List ALL officers (names and addresses)  Check the box to indicate an attachm					tachment
President Name JANICE FALCONER			Vice-President Name		
Streel Address 10 DAVOL SQUARE SUITE 100			Street Address		
City PROVIDENCE	State RI	<sup>Zip</sup> 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	<sup>Zip</sup> 02907	City PROVIDENCE	State RI	Zip 02903
Director Name ELINOL BERNARD			Director Name		
Street Address 2220 PLAINFIELD PIKE			Street Address		
City CRANSTON	State RI	<sup>Zip</sup> 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.					
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 Repres		Date			
JANICE FALCONER		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 LKS VNI QE FORM 631- Revised 04/2023