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	2. Exact name of the Corporation
001697584	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	City	State	Zip
10 DAVOL SQUARE SUITE 100	PROVIDENCE	RI	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.

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
JANICE FALCONER	10/04/2023

Signature of Officer/Authorized Representative: JF

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

FORM 631- Revised 04/2023