State of Rhode Island
Office of the Secretary of State

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Fee: $20.00

Non-Profit Corporation Annual Report

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of $25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025: 2025

1. Corporate ID No. 001774541

2. Name of Corporation IMPACT 100 NEWPORT COUNTY

3. State of Incorporation

State: RI

NAICS CODE

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification click here.

NAICS Code
813210

4. Principal Office Address

No. and Street: 50 CATHERINE STREET
City or Town: NEWPORT State: RI Zip: 02840 Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

1. TO AWARD MEMBERSHIP FUNDED GRANTS TO NON-PROFIT ORGANIZATIONS WHILE IMPROVING LIVES THROUGH
PHILANTHROPY
2. TO PROVIDE EXCLUSIVELY FOR CHARITABLE, RELIGOUS, EDUCATIONAL AND SCIENTIFIC PURPOSES WITHIN MEANING OF
SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED, OR COMPARABLE PROVISIONS OF
SUBSEQUENT LEGISLATIONSECTION 501(C)(3) AND EXEMPT FROM TAXATION

UNDER SECTION 501(A) OF THE CODE
4. TO DO SUCH THTINGS AND TO PERFORM SUCH ACTS TO ACCOMPLISH ITS PURPOSES AS THE BOARD OF DIRECTORS
MAY DETERMINE TO NE APPROPRIATE AND AS ARE NOT FOBIDDEN BY SEWCTION 501(C)(3) OF THE CODE, WITH ALL
THE POWER CONFERRED TO NONPREOFIT CORPORATIONS UNDER THE LAWS OF THE STATE OF RHODE ISLAND

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
INCORPORATOR	MAURA CATHERINE LINDSAY MS	360 GIBBS AVE NEWPORT, RI 02840 US
DIRECTOR	MAURA CATHERINE LINDSAY MS	360 GIBBS AVE NEWPORT, RI 02840 US
DIRECTOR	RENEE SIMON SHERMAN MS	19 KEEHER AVE NEWPORT, RI 02840 US
DIRECTOR	LEEANNE LANGSTON MS	50 CATHERINE ST NEWPORT, RI 02840 US

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

LEEANNE LANGSTON 50 CATHERINE STREET NEWPORT , RI 02840

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

Signed this 11 Day of January, 2025 at 1:28:51 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By MAURA C LINDSAY
Signature of Authorized Person

Form No. 631
Revised 09/07

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