State of Rhode Island
Office of the Secretary of State

Fee: $20.00

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

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. 001741641

2. Name of Corporation HeART to ART: Expressive Arts and Holistic Tele-therapy

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
621330

4. Principal Office Address

No. and Street: 24 BRAMAN ST.
City or Town: PROVIDENCE State: RI Zip: 02906 Country: USA

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

THE MISSION OF HEART TO ART IS TO PROVIDE EXPRESSIVE ARTS AND HOLISTIC BASED TELE-THERAPY TO INDIVIDUALS WHO QUALIFY FOR FREE HEALTH CARE INSURANCE. IN ADDITION, HEART TO ART WILL ACCEPT DONATIONS FOR QUALIFIED INDIVIDUALS TO RECEIVE SUPPORTING MATERIALS FOR EXPRESSIVE ARTS AND HOLISTIC BASED THERAPIES. FOR EXAMPLE, THE SUPPORTING MATERIALS THAT ARE DONATED AND MAILED DIRECTLY TO CLIENT'S HOMES INCLUDE: EXPRESSIVE ARTS ART KITS TO CONTINUE THERAPEUTIC PRACTICES BETWEEN THERAPY SESSIONS; HEARTMATH® BIOFEEDBACK TECHNOLOGY; AND

OTHER HEARTMATH® MATERIALS TO SUPPORT MINDFULNESS; EMOTIONAL REGULATION; AND HEALING FROM TRAUMA.

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	LINDSAY JOAN TASSÉ LMFT	24 BRAMAN ST PROVIDENCE, RI 02906 US
OTHER OFFICER	LINDSAY TASSE	24 BRAMAN ST. PROVIDENCE, RI 02906
INCORPORATOR	LINDSAY TASSE	, RI 02906 USA
DIRECTOR	MONA PRITCHETT	5512 MARYPORT DRIVE HUNTINGTON BEACH, CA 92649-4821 USA
DIRECTOR	AMANCAY LEDEZMA	109 ANCHROAGE STREET MARINA DEL REY, CA 90292-5151 USA
DIRECTOR	MONIQUE SODERSTROM	11233 REDBERRY STREET EL MONTE, CA 91733-3538 USA
DIRECTOR	MICHAEL COURTER	1237 MOCKINGBIRD LANE ECLECTIC, AL 36024-6368 USA
DIRECTOR	MORGAN JOHNSTON	3 MANOR ROAD BARRINGTON, RI 02806-3607 USA

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

LINDSAY TASSE 24 BRAMAN STREET PROVIDENCE , RI 02906

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

Signed this 1 Day of April, 2025 at 11:54:41 AM 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 LINDSAY TASSE
Signature of Authorized Person

Form No. 631
Revised 09/07