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State of Rhode Island
Department of State - Business Services Division

FILED
JUL 15 2025
BY 95495

Annual Report for the year: 2025
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.

1. Entity ID Number	2. Exact name of the Corporation
001770597	Impactful Horizons Foundation
3. State of Incorporation	**5. Brief description of the character of business conducted in Rhode Island**
Rhode Island	To uplift individuals, foster community change, empower economics, and build a thriving inclusive society through innovative programming, sustainable solutions, and collaboration.
4. NAICS Code	
813311	

6. Principal Office Address	City	State	Zip
25 Mcguire Rd D209	N. Providence	RI	02904

7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐

President Name	Vice-President Name
OYENIRAN OYEWALE	JANICE DRU BENNETT
Street Address	**Street Address**
25 Mcguire Rd D209	PO BOX 2101
City: N Providence, State: RI, Zip: 02904	City: EAST GREENWICH, State: RI, Zip: 02818
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	Director Name
JANICE DRU BENNETT	OYENIRAN OYEWALE
Street Address	**Street Address**
PO BOX 2101	25 MCGUIRE RD D209
City: E. GREENWICH, State: RI, Zip: 02818	City: N. PROV, State: RI, Zip: 02904
Director Name	**Director Name**
ADEMOJISOLA OLOPADE	
Street Address	**Street Address**
1162 CHALKSTONE AVE	
City: PROVIDENCE, State: RI, Zip: 02908	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
OYENIRAN OYEWALE	07/15/2025
Signature of Officer/Authorized Representative	

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov