RI SOS Filing Number: 202577690350 Date: 8/13/2025 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

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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
001761842	Northeast Impact
3. State of Incorporation	**5. Brief description of the character of business conducted in Rhode Island**
RI	Providing instruction and competitive fastpitch softball play for girls ages 8-18
4. NAICS Code	
711211	

6. Principal Office Address	City	State	Zip
181 Conant St	Pawtucket	RI	02860

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

President Name Brian K. Goodhart			Vice-President Name Andre Goodhart Jr		
Street Address 4115 Mendon Road			Street Address 94 Cove St		
City Cumberland	State RI	Zip 02864	City Pawtucket	State RI	Zip 02861
Secretary Name Madison Goodhart			Treasurer Name Madison Goodhart		
Street Address 94 Cove St			Street Address 94 Cove St		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment ☐

Director Name Brian K. Goodhart			Director Name Andre Goodhart Jr.		
Street Address 4115 Mendon Road			Street Address 94 Cove St		
City Cumberland	State RI	Zip 02864	City Pawtucket	State RI	Zip 02861
Director Name Madison Goodhart			Director Name		
Street Address 94 Cove St			Street Address		
City Pawtucket	State RI	Zip 02861	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, duty Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative	Date
Brian K. Goodhart	**7/31/25**

Signature of Officer/Authorized Representative

FILED
AUG 13 2025
BY QVT6N

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631- Revised: 12/2023