

2024 APR 23 PM 12:00:45



**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: 2023

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 001729623		2. Exact name of the Corporation Art With Impact			
3. State of Incorporation CA		5. Brief description of the character of business conducted in Rhode Island PROMOTE MENTAL WELLNESS BY CREATING SPACE FOR YOUNG PEOPLE TO LEARN AND CONNECT THROUGH ART AND MEDIA.			
4. NAICS Code 813110					
6. Principal Office Address 5214F DIAMOND HEIGHTS BOULEVARD, #454		City SAN FRANCISCO	State CA	Zip 94131	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Cary McQueen			Vice-President Name None		
Street Address 5214F DIAMOND HEIGHTS BOULEVARD			Street Address N/A		
City SAN FRANCISCO	State CA	Zip 94131	City N/A	State N/A	Zip N/A
Secretary Name Dawn McGuire			Treasurer Name Joseph Kumph		
Street Address 5214F DIAMOND HEIGHTS BOULEVARD			Street Address 5214F DIAMOND HEIGHTS BOULEVARD		
City SAN FRANCISCO	State CA	Zip 94131	City SAN FRANCISCO	State CA	Zip 94131
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Cary McQueen			Director Name Joseph Kumph		
Street Address 5214F DIAMOND HEIGHTS BOULEVARD			Street Address 5214F DIAMOND HEIGHTS BOULEVARD		
City SAN FRANCISCO	State CA	Zip 94131	City SAN FRANCISCO	State CA	Zip 94131
Director Name Dawn McGuire			Director Name N/A		
Street Address 5214F DIAMOND HEIGHTS BOULEVARD			Street Address N/A		
City SAN FRANCISCO	State CA	Zip 94131	City N/A	State N/A	Zip N/A
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Rebecca Pontieri				Date 04/05/2024	
Signature of Officer/Authorized Representative <i>Rebecca Pontieri</i>					

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

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