



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

Annual Report for the year: 2022

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	
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	
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	
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	
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
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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