

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

* 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.

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1. Corporate ID No.	2. Name of Corporation					
160 410 LIGHTHOUSE FOUNDATION, INC						
3. State of Incorporation		lbode Island - Street Address		City	Zip	
RHODE 192AND		TELLOT HILL	RO.	CHEPACHET	02814	
5. Foreign corporation, Enter prin	scipal office address	•	City	State	Zip	
6 Paried Transmitteles of the house	- r.i					
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island A SENCY THAT WILL WORK WITH TROUBLED YOUTH						
LEAD MEETICY FOR CHILD CARE PROFESSIONAL ASSOCIATIONS - TRAINING - ETC.						
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS						
President Name			Vice President Name			
ANTHONY VALLETTA			MARH BONN			
Street Address			Street Address			
2 ANNE ST			447 DURFEE HILL RD			
GREENVILLE	State RI	Zip	City	State	Zip	
	<u> </u>	02528	CHEPACHET	KJ	02814	
Secretary Name MARY ANNE	CHOOM		Treasurer Name			
Street Address	CHURCH		LEE GREFFIN			
32 WATERM	AN LAKE	AR.	Street Address 214 LAHE WASHINGTON OR			
City	State	Zip	GITY CITY	State	DR	
CHEPACHET	RI	A1814	CHEPACHET	RT	Zip A 251V	
8. NAMES AND ADDRESSES	OF THE DIRECTOR	S: ("X" BOX FOR ATTAC		BEFORE USING ATTAC	HMENTS	
THE NUMBER OF DIRECTO	RS OF A DOMESTIC	(RHODE ISLAND) C				
Director Name			Director Name		<u>s</u> (3). 101.0.2 /-0-23	
ROBERT CREUIER			MARH BONN			
Street Address		0.0	Street Address			
11677 EAST	EUENS	RD	447 DURFEE	HILL RD		
SCOTTSDALE	State	Zip	City	State	Zip	
7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	AZ	D5255	CHEMACHET	IRT	02514	
Director Name IHARY ANN CHURCH			Director Name LEE GRFFFINI			
32 WATERMAN LAKE DR.			Street Address 214 LAHE WASHINGTON DR.			
City	State .	Zita .	City	1211 11V6/01V 121	<u> </u>	
CHEPACHET	RI	0284	CHEPACHET	RT	777414	
2). REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78						
Igeni Name					0,0	
DIANA CAUALIERE						
Address	· · · · · · · · · · · · · · · · · · ·		City	Zip		
614 TOURTELI	LOT HILL	RD	CHEPACHET	RI OZY	- 1	
This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee						

File Date FILED	
Check No. JUL 16 2008	
By: By 103	
FOR SECRETARY OF STATE	E USE ONLY

Under penalty of perjury, I declare and affirm that report, including any accompanying schedules and	at I have examined this
statements contained herein are true and correct.	The state of the s
Mary Clan Church	9-70-8
Signature of Officer	Date
MART ANN Church	
Print or Type Name of Officer	
Secretary	
Title of Officer	
~	Form 631 Rev. 12/06