

FOR SECRETARY OF STATE USE ONLY

A. Raibb Moilis, Secretary of Stat Corporations Dinisio. 148 W. River Stree Providence, RI 02904-261

401.222.304

2009 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1 - March 1 - Filing Fee: \$50.00" - THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK. In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file in annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is ubject to a penalty for of \$25.00. 1 Corporate ID No. 82620 LIGHTHOUSE COMPUTER SERVICES, INC. Sinvi Address Principal Business Office
6 BLACKSTONE VALLEY PLACE, SUITE 205 LINCOLN RI 02865 1 Bustness Phone No 5. State of Incorporation 401-762-3277 RHODE ISLAND 6 Brief Description of the Character of Business Conducted in Rhode Island 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS President Name JEANNE D. MRVA **THOMAS MRVA** Sireet Addres Sircei Addres **6 BLACKSTONE VALLEY PLACE, SUITE 205 6 BLACKSTONE VALLEY PLACE, SUITE 205** *2φ* 02865 State 02865 LINCOLN LÍNCOLN RI Ri Secretary Name JEANNE D. MRVA THOMAS MRVA Street Address Street Address **6 BLACKSTONE VALLEY PLACE, SUITE 205** 6 BLACKSTONE VALLEY PLACE, SUITE 205 LINCOLN 02865 LÍNCOLN 02865 RI RI 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) 🔲 FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name JEANNE D. MRVA THOMAS MRVA Street Address **6 BLACKSTONE VALLEY PLACE, SUITE 205 6 BLACKSTONE VALLEY PLACE, SUITE 205** State Ζţp CHY State LINCOLN LINCOLN RI 02865 RI 02865 Director Nam Director Name **ERNE YENKE** Street Address Street Address 6 BLACKSTONE VALLEY PLACE, SUITE 205 City City Sinie Zψ LINCOLN RI 02865 9. SHARES AUTHORIZED 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES - THIS SECTION MUST BE COMPLETED Number of Shares Class/Series Per Value This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of COMMON \$.01 947,368 instruction sheet. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee. this report must be executed on behalf of the corporation by the receiver or trustee. FILED Under penalty of perjury, I declare and affirm that I have examined this repor AY 22 2009 including any accompanying schedules and statements and that all statement contained begin are true and correct. 5/21/09 File Date Signature Date Check No. **THOMAS MRVA** Print or Type Name **PRESIDENT**

Title