



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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.

1. Corporate ID No. 000096591		2. Name of Corporation LIGHT HOUSE CHAPEL			
3. State of Incorporation		4. Corporate address in Rhode Island - Street Address 55 MOOSE NECK LANE HILL RD.		City WYOMING	Zip 02898
5. Foreign corporation. Enter principal office address				City	State
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island RELIGIOUS SERVICE					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Rev. Henry R. Pendleton			Vice President Name		
Street Address 465 Gardiner Rd. Lot #41			Street Address		
City W. Kingston	State R.I.	Zip 02892	City	State	Zip
Secretary Name			Treasurer Name Norman Phillips		
Street Address			Street Address 807 Main St. Apt. B4		
City	State	Zip	City Hope Valley	State R.I.	Zip 02832
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name DAVID M HILL			Director Name MICHAEL PENDLETON		
Street Address 107 CHURCH ST. PO BOX 147			Street Address PIERCE ST. 4		
City BRADFORD	State RI	Zip 02808	City WESTERLY	State R.I.	Zip 02891
Director Name ROBERT KENYON			Director Name		
Street Address 1-A - WESTERLY R.I.			Street Address		
City	State	Zip	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78					

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

AUG 17 2009

By **[Signature]**

29-96767

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.

Henry R. Pendleton 8-17-09

Signature of Officer

Date

HENRY R. PENDLETON

Print or Type Name of Officer

Title of Officer

File Date _____
Check No. _____
By: _____
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