



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 2009

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. 136071		2. Name of Corporation Lighthouse Community Development Corporation			
3. State of Incorporation R.I.	4. Corporate address in Rhode Island - Street Address 213 LAUREL Hill AVE		City PROV.	Zip RI 02909	
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island Educational AND Rehab SERVICES for HOMELESS MEN AND WOMEN, DAYCARE SERVICE AND A REINTEGRATION SERVICE for RELEASED INMATES of the ALC					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name John J. OWENS			Vice President Name		
Street Address 64 LONGUE VUE AVE			Street Address		
City N. Prov.	State R-I.	Zip 02904	City	State	Zip
Secretary Name			Treasurer Name Sabrina HARLAN		
Street Address			Street Address 42 BEAUSOLEIL St.		
City	State	Zip	City Woonsocket	State RI	Zip 02895
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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 OLSEN			Director Name L. NORRINE Simpson		
Street Address 75 CEDAR CREST DR.			Street Address 349 FARMINGTON AVE		
City Pawt.	State R-I.	Zip 02861	City CRANS.	State R-I.	Zip 02910
Director Name Sam Dinwiddie			Director Name		
Street Address 54 DELMAR AVE			Street Address		
City PROV.	State RI	Zip 02908	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND John J. OWENS					
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

JAN 26 2010

By

29-109258

File Date	_____
Check No.	_____
By:	_____
FOR SECRETARY OF STATE USE ONLY	

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.

Signature of Officer

John J. OWENS

Print or Type Name of Officer

PRESIDENT

Title of Officer

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
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