

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 2011

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.

Transfer of 425100.					
1. Corporate ID No.	2. Name of Corporation				
27974	Lighthouse Christian Centre				
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address City			Zip	
Rhode Island	39 Nooseneck Hill Road			West Greenwich	02817
5. Foreign corporation. Ente	er principal office addre	30	City	State	Zip
					12
6. Brief Description of the char					
Religious Church			TTACHMENT) [FILL IN SPA		- 客 門門祭
7. NAMES AND ADDRE	SSES OF THE OF	FICERS: ("X" BOX FOR A	TTACHMENT) 🔲 FILL IN SPA	CES BEFORE USING ATTACE	IMENTS S
President Name			Vice President Name		
Timothy A. Trafford			Richard Sfameni		
Street Address			Street Address	Street Address 3 Gr	
17 Adelaide Avenue			20 Young Street		
City	State	Zip	City	State	Zip C
Barrington	RI	02806	Providence	RI	0290
Secretary Name			Treasurer Name		
Charles S. Cabral					
Street Address			Street Address		
39 Kepler Street					
City	State	Zip	Clty	State	Zip
Pawtucket	RI	02860	4		
8. NAMES AND ADDRE	SSES OF THE DIE	RECTORS: ("X" BOX FOR	ATTACHMENT) FILL IN SPA	CES BEFORE USING ATTACI	HMENTS
THE NUMBER OF DIRE	ECTORS OF A DO	MESTIC (RHODE ISLA	ND) CORPORATION SHALL	NOT BE LESS THAN THREE	(3). R.I.G.L. 7-6-23
Director Name			Director Name		
Timothy A. Trafford			Richard Sfameni		
Street Address			Street Address		
17 Adelaide Avenue			20 Young Street		
City	State	Zip	СИУ	State	Zip
Barrington	RI	02806	Providence	RI	02904
Director Name			Director Name		102001
Charles S. Cabral					ļ
Street Address			Street Address		
39 Kepler Street					
City	State	Zip	City	State	Zip
Pawtucket	RI	02860	<u> </u>	1	1
9. REGISTERED AGENT				1	ı
mm to the control of					
This information is curren	itly of record in the	e Office of the Secretary of	of State. Changes require filing of	of Form 641 - R.I.G.L. 7-6-13/7-	-6-78
This report r	nust be signed by	either the President Vic	e President, Secretary, Assista	nt Sagratury Transuras Dani-	
	c. ov organia og	ermer are riesiacilt, vic	e i resident, secretary, Assista	m occidially, Heasurer, Recell	ei or irustee

27974	
FILED C	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.
Check No. APR 01 2011	Signature of Officer Date Timothy A. Trafford
FOR SECRETARY OF STATE LISE ONLY	Print or Type Name of Officer President
and the same of th	Title of Officer Form 631 Rev. 09/17