

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 2010

401.

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. | o y 1, caen corporation y | | 1 | | , -, -, | |
|--|---|-------------------------------|---|--------------------------|---------------------------------------|--|
| 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 Hi | Road | | West Greenwich | 02817 | |
| 5. Foreign corporation. Enter prin | cipal office address | | City | State | 70 E SG | |
| 6. Brief Description of the character of | of the affairs which are act | ually conducted in Rhode Isla | md | | PR | |
| Religious Church | | | | | 70 | |
| 7. NAMES AND ADDRESSES | OF THE OFFICERS: | ("X" BOX FOR ATTACH | MENT) FILL IN SPACES BE | EFORE USING ATTACH | MENTS - | |
| President Name | | | Vice President Name | | 72 | |
| Timothy A. Trafford | | | Richard Sfameni | | = = | |
| Street Address | | | Street Address | | . 1 | |
| 17 Adelaide Avenue | | | 20 Young Street | | H 11:09 | |
| City | State | Zip | City | State | <i>~\p</i> | |
| Barrington | RI | 02806 | Providence | RI | 02904 | |
| Secretary Name | | | Treasurer Name | | | |
| Charles S. Cabral | | | | W. I. W. I. | | |
| Street Address 39 Kepler Street | | | Street Address | | | |
| City | State | Zip | Сиу | State | Zip | |
| Pawtucket | RI | 02860 | | | | |
| 8. NAMES AND ADDRESSES | OF THE DIRECTOR | S: ("X" BOX FOR ATTAC | HMENT) FILL IN SPACES B | EFORE USING ATTACH | MENTS | |
| THE NUMBER OF DIRECTO Director Name | ORS OF A DOMESTIC | (RHODE ISLAND) C | ORPORATION <u>SHALL NOT B</u> Director Name | E LESS THAN THREE | (3). R.I.G.L. 7-6-23 | |
| | | | | | | |
| Timothy A. Trafford | | | Richard Sfameni | | | |
| Street Address | | | Street Address | | | |
| 17 Adelaide Avenue | State | Wh. | 20 Young Street | I e | · · · · · · · · · · · · · · · · · · · | |
| Barrington | RI | <i>Σιρ</i> 02806 | Providence | State RI | 21p 02904 | |
| Director Name | i Ni | 02000 | Director Name | KI | 02904 | |
| Charles S. C | alrel | | 1301000 | | | |
| Director Name Charles S. Calral Street Address 36 Kellek Street City 1 1 State - Zip | | | Street Address | | | |
| Pawhicket | State R.Z | 02860 | City | State | Zip | |
| 9. REGISTERED AGENT IN I | RHODE ISLAND | | | E. | | |
| This information is currently o | 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 th | ne President, Vice Presi | dent, Secretary, Assistant Secr | etary, Treasurer, Receiv | er or Trustee | |

| 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. APR 0 1 2011 Signature of Officer Timothy A. Trafford Print or Type Name of Officer President | This report must be signed by either the President, Vic | be President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee |
|---|---|--|
| Date APR 0 1 2011 ENO. APR 0 1 2011 Lange Hay A Trafford Timothy A. Trafford Print or Type Name of Officer | 27974 | report, including any accompanying schedules and statements, and that all |
| W/4/595 11:09 Imothy A. I rafford Print or Type Name of Officer | Pate FILEU | Tunothy A Traffal F11 |
| | er 141595 11:09 | Print or Type Name of Officer |