

	State of Rhode Island and Providence Plantations Office of the Secretary of State Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040	Fee: \$50.00
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**Limited Liability Company
Annual Report 2012**

Filing Period: September 1 - November 1

Persons who fail to file this report with the Secretary of State by the deadline may be subject to civil penalties and the company may be subject to involuntary dissolution.

ANNUAL REPORT YEAR: 2012			
1. ID No. <u>000135601</u>			
2. Exact Name of the Limited Liability Company <u>Lighthouse Compliance, LLC</u>			
3. State of Formation State: <u>RI</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island <u>COMPLIANCE CONSULTING</u>			
5. Principal Office Address No. and Street: <u>56 GREATON DRIVE</u> City or Town: <u>PROVIDENCE</u> State: <u>RI</u> Zip: <u>02906</u> Country: <u>USA</u>			
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: <u>SHARON LEE WALDMAN</u> Contact Title: <u>PRESIDENT</u> No. and Street: <u>56 GREATON DRIVE</u> City or Town: <u>PROVIDENCE</u> State: <u>RI</u> Zip: <u>02906</u> Country: <u>USA</u>			
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Name BY <u>134</u>		Address Address, City or Town, State, Zip Code, Country OCT 26 2012 FILED	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11			

SHARON LEE WALDMAN 56 GREATON DRIVE PROVIDENCE , RI 02906

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Filer's Contact Information

(Enter a contact name, mailing address and email.)

Contact Name: SHARON LEE WALDMAN

Business Name: LIGHTHOUSE COMPLIANCE LLC

No. and Street: 56 GREATON DRIVE

City or Town: Providence

State: RI

Zip: 02906

Country: USA

Contact Phone: (401) 751-1511 ext:

Contact Email: SLWALDMAN@COX.NET

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

Signed this 24 Day of October, 2012 at 9:52:39 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By Sharon Lee Waldman

Signature of Authorized Person

Form No. 632
Revised 09/07

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BY ED 135601