



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

# NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2013**

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>96591</b>		2. Exact name of the Corporation <b>Lighthouse Chapel</b>			
3. State of Incorporation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>Worship Services</b>			
5. Principal office address <b>85 Nooseneck Hill Road</b>			City <b>Wyoming</b>	State <b>RI</b>	Zip <b>02898</b>
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>Dennis Guthrie</b>			Vice-President Name <b>None</b>		
Street Address <b>17 Downer Street</b>			Street Address		
City <b>Pawcatuck</b>	State <b>Ct</b>	Zip <b>06379</b>	City	State	Zip
Secretary Name <b>None</b>			Treasurer Name <b>Pamela Harvey</b>		
Street Address			Street Address <b>122 Nooseneck Hill Road</b>		
City	State	Zip	City <b>Wyoming</b>	State <b>RI</b>	Zip <b>02898</b>
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <b>MUST</b> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>David Hill Sr</b>			Director Name <del>None</del> <b>GEORGE STEPHENSON</b>		
Street Address <b>P. O. Box 1217</b>			Street Address <b>97 OAK ST</b>		
City <b>Bradford</b>	State <b>RI</b>	Zip <b>02808</b>	City <b>ASHAWAY</b>	State <b>RI</b>	Zip <b>02804</b>
Director Name <del>None</del> <b>NORMAN PHILLIPS</b>			Director Name <b>None</b>		
Street Address <b>807 MAIN ST APT B4</b>			Street Address		
City <b>HOPE VALLEY</b>	State <b>RI</b>	Zip <b>02832</b>	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

**FILED**

**MAY 21 2013**

BY **1397**

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.

**Dennis Guthrie**

**05/12/2013**

Signature of Officer

Date

**Dennis Guthrie**

Print or Type Name of Officer

**President**

Title of Officer