



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