RALPH MOLL	ate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
Secretary of State	Division Of Business 148 W. River St Providence RI 0290 (401) 222-304	reet 4-2615	
Limited Liability Comp Annual Report Filing Period: September 1 -			
	7-16-66(d), each limited liability comp irty (30) days after the time prescribe alty fee of \$25.00.		
ANNUAL REPORT YEAR: 2013			
1. ID No. 000158888			
2. Exact Name of the Limited Liability Company Lighthouse ECM Group, LLC.			
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>INFORMATION TECHNOLOGY CONSULTING</u>			
5. Principal Office Address			
No. and Street:6 BLACKSTONE VALLEY PLACE, SUITE 205City or Town:LINCOLNState:RIZip:02865Country:USA			
Contact Name: Contact T	STONE VALLEY PLACE, STE		Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip	Code, Country
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11			
LEN PETRUSKA LEDOUX & COMPANY 1006 CHARLES STREET NORTH PROVIDENCE, RI 02904			
9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).			

Signed this 31 Day of October, 2013 at 4:06:50 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 <u>TAMMY GOODMAN</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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