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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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

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.	2. Exact name of the Corporation
96591	**Lighthouse Chapel**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	**House of worship**

5. Principal office address	City	State	Zip
85 Nooseneck Hill Rd (P.O. Box 777)	**Wyoming**	**RI**	**02898**

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
Dennis Guthrie	**17 Downer St**	**Pawcatuck**	**Ct**	**06379**

Vice-President Name	Street Address	City	State	Zip

Secretary Name	Street Address	City	State	Zip

Treasurer Name	Street Address	City	State	Zip
Pamela Harvey	**122 Nooseneck Hill Rd**	**Wyoming**	**RI**	**02898**

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
George Stephenson	**97 Oak St**	**Ashaway**	**RI**	**02804**

Director Name	Street Address	City	State	Zip
Davis Hill Sr	**107 Church St**	**Bradford**	**RI**	**02808**

Director Name	Street Address	City	State	Zip
Norman Phillips (deceased March 27, 2014)	**807 Main St Apt B4**	**Hope Valley**	**RI**	**02832**

Director Name	Street Address	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, duly Authorized Representative, Receiver or Trustee

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED
MAY 13 2014
BY KA76

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.

Pamela Harvey — May 12, 201

Signature of Officer or Authorized Representative — Date

Pamela Harvey Treasurer

Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
106427-32-952300