



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.

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|---|-------------|--|-------------|
| 1. Entity ID No. 136071 | | 2. Exact name of the Corporation LIGHTHOUSE COMMUNITY DEVELOPMENT CORPORATION | |
| 3. State of Incorporation RI | | 4. Brief description of the character of business conducted in Rhode Island SOCIAL SERVICES: HEALTH FAIRS, FOOD PANTRY TUTORING, ESL | |
| 5. Principal office address 11 HAWTHORNE ST. PROVIDENCE | | City PROVIDENCE | State RI |
| | | Zip 02907 | |
| 6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | |
| President Name JOAN BECKFORD | | Vice-President Name KEITH HARRIS | |
| Street Address 92 ATLANTIC AVENUE | | Street Address 48 PLYMOUTH STREET | |
| City PROVIDENCE | State RI | City PROVIDENCE | State RI |
| Zip 02907 | | Zip 02907 | |
| Secretary Name CHINGXIA BANKS | | Treasurer Name SELENA SALEH | |
| Street Address 169 NEWELL AVENUE | | Street Address 949 DYER AVENUE | |
| City PAWTUCKET | State RI | City CRANSTON | State RI |
| Zip 02860 | | Zip 02910 | |
| 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 NORRINE L. SIMPSON | | Director Name FELICIA SANTOS | |
| Street Address 349 FARMINGTON AVE | | Street Address 349 FARMINGTON AVE | |
| City CRANSTON | State RI | City CRANSTON | State RI |
| Zip 02920 | | Zip 02920 | |
| Director Name JACQUELINE BRITTO | | Director Name | |
| Street Address 36 TOGANSSETT ROAD | | Street Address | |
| City PROVIDENCE | State RI | City | State |
| Zip 02910 | | 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

FILED

File Date _____

Check No _____

By: _____

BY AL 227517

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.

Signature of Officer or Authorized Representative

06/14/2014
Date

Print or Type Name of Officer or Authorized Representative