



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2015

1. Corporate ID No. 000686007

2. Name of Corporation Love Lights The Way Foundation

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 38 CIRCLED ALE STREET

City or Town: CUMBERLAND

State: RI Zip: 02864 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

CHARITABLE EDUCATIONAL RELIGIOUS AND SCIENTIFIC PURPOSES

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	JOHN KAR	444 FRIENDSHIP ST. PROVIDENCE, RI 02907 USA
TREASURER	GEORGE JARRY	146 PETTEYS AVE. PROVIDENCE, RI 02909 USA
VICE PRESIDENT	STEPHANIE RYAN	258 BELLMAN AVE.

		WARWICK, RI 02889 USA
DIRECTOR	WILLIAM HORACE	58 PRINCESS AVE. CRANSTON, RI 02920 USA
DIRECTOR	RON BURNETT	38 CIRCLEDAL DR. CUMBERLAND, RI 02864 USA
DIRECTOR	BRUCE BATES	44 NATE WHIPPLE HWY CUMBERLAND, RI 02864 USA
DIRECTOR	JAMES WILLIAMS	53 HAROLD ST., APT. 1 PROVIDENCE, RI 02908 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

RON BURNETT 19C SHADOWBROOK LANE SMITHFIELD , RI 02917

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 22 Day of May, 2015 at 9:24:50 AM 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 § 7-6.

By RON BURNETT
Signature of Authorized Person

Form No. 631
Revised 09/07