



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 507228		2. Exact name of the Corporation HARBOR LIGHT, INC.					
3. Principal office address 11 SACHEM ROAD				City BRISTOL		State RI	Zip 02809
4. Business Phone No. 401-935-0918				5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island COMPUTER SALES AND REPAIRS							
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
President Name ANTONIO C LIMA				Vice-President Name ANTONIO C LIMA			
Street Address 11 SACHEM ROAD				Street Address 11 SACHEM ROAD			
City BRISTOL		State RI	Zip 02809	City BRISTOL		State RI	Zip 02809
Secretary Name ANTONIO C LIMA				Treasurer Name ANTONIO C LIME			
Street Address 11 SACHEM ROAD				Street Address 11 SACHEM ROAD			
City BRISTOL		State RI	Zip 02809	City BRISTOL		State RI	Zip 02809
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
Director Name N/A				Director Name N/A			
Street Address				Street Address			
City		State	Zip	City		State	Zip
Director Name N/A				Director Name N/A			
Street Address				Street Address			
City		State	Zip	City		State	Zip
9. SHARES AUTHORIZED				10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
				100	COMMON	NPV	

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

MAR 30 2016

BY KL 5807

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 Authorized Representative

Date

ANTONIO C LIMA

Print or Type Name of Authorized Representative