RI SOS Filing Number: 201735048480 Date: 2/28/2017 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation
796037	LIGHTHOUSE WEALTH ADVISORS, LTD.

3. Principal Office Address	City	State	Zip
8 FREEBODY STREET, P.O. BOX 549	NEWPORT	RI	02840

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
54 - Professional, Scientific, an	FINANCIAL MANAGEMENT
5. State of Incorporation	
RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
KELSEY HYMAN	J. KEVIN HYMAN
Street Address: 8 FREEBODY STREET, SUITE 1	Street Address: 8 FREEBODY STREET, SUITE 1
City: NEWPORT, State: RI, Zip: 02840	City: NEWPORT, State: RI, Zip: 02840
Secretary Name	**Treasurer Name**
KELSEY HYMAN	KELSEY HYMAN
Street Address: 8 FREEBODY STREET, SUITE 1	Street Address: 8 FREEBODY STREET, SUITE 1
City: NEWPORT, State: RI, Zip: 02840	City: NEWPORT, State: RI, Zip: 02840

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: KELSEY HYMAN	Director Name:
Street Address: 8 FREEBODY STREET, SUITE 1	Street Address:
City: NEWPORT, State: RI, Zip: 02840	City, State, Zip:
Director Name:	Director Name:
Street Address:	Street Address:
City, State, Zip:	City, State, Zip:

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100		0.00

11. 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.

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.

Name of Authorized Representative: KELSEY HYMAN

Date: Feb 17 2017

Signature of Authorized Representative: Kelsey Hyman

FILED
FEB 28 2017
BY 10905 DS

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2016