RI SOS Filing Number: 201869516390 Date: 6/13/2018 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

JUN 13 2018

BY 3721

Annual Report for the year: 2018

Non-Profit Corporation

→ Filing period: June 1 - June 30
→ Filing Fee: $20.00
→ Penalty. Additional $25.00 fee if form is not filed by July 30.

1. Entity ID Number	2. Exact name of the Corporation
000038850	SOUTHEAST LIGHTHOUSE FOUNDATION
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: THE PRESERVATION OF THE SOUTHEAST LIGHTHOUSE ON BLOCK ISLAND
4. NAICS Code: 712120	

6. Principal Office Address	City	State	Zip
PO BOX 949, MOHEGAN TRAIL	BLOCK ISLAND	RI	02807

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

President Name: GERALD F. ABBOTT			Vice-President Name: PAMELA GASNER		
Street Address: 74 MT VERNON ST 2R			Street Address: PO BOX 524		
City: BOSTON	State: MA	Zip: 02108	City: BLOCK ISLAND	State: RI	Zip: 02807
Secretary Name: ELIOT NERENBERG			Treasurer Name: ROBERT B. CHAMPAGNE-WILLIS		
Street Address: 62 WALBRIDGE RD			Street Address: 3894 MAIDSTONE LAKE RD		
City: W HARTFORD	State: CT	Zip: 06119	City: MAIDSTONE	State: VT	Zip: 05905

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment ☐

Director Name: MARTHA BALL			Director Name: SARAH DANGELAS		
Street Address: PO BOX 302			Street Address: PO BOX 122		
City: BLOCK ISLAND	State: RI	Zip: 02807	City: BLOCK ISLAND	State: RI	Zip: 02807
Director Name: DANIEL MCLAUGHLIN			Director Name:		
Street Address: 15 SOMERSET ST			Street Address:		
City: E GREENWICH	State: RI	Zip: 02818	City:	State:	Zip:

9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.

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.

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

Name of Officer/Authorized Representative	Date
ROBERT B. CHAMPAGNE-WILLIS, TREASURER	06-11-2018

Signature of Officer/Authorized Representative

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 631 - Revised: 11/2017

ENTITY ID NUMBER 000038850

SOUTHEAST LIGHTHOUSE FOUNDATION

ADDITIONAL OFFICERS:

VICE PRESIDENT:
JEAN NAPIER
22 MISQUAMICUT HILLS, WESTERLY, RI

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