

State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

**FILED** 

Annual Report for the year: 2018

**Limited Liability Company** 

→ Filing period: September 1 - November 1

--> Filing Fee: \$50.00

-> Penalty: Additional \$25.00 fee if form is not filed by December 1.

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| BY_ | 770            |
| J   |                |

| 1. Entity ID Number<br>000135601   | 2. Exact name of the Limited Liability Company  Lighthouse Compliance, LLC                         |     |                         |          |                      |  |  |
|--|--|-----|-------------------------|----------|----------------------|--|--|
| 3. NAICS Code<br>54618   | Brief description of the character of business conducted in Rhode Island     Compliance Consulting |     |                         |          |                      |  |  |
| 5. State of Formation<br>RI  |  |     |                         |          |                      |  |  |
| 6. Principal Office Address  | •  |     | City                    | State    | Zip                  |  |  |
| 56 Greaton Drive   |  |     | Providence              | RI       | 02906                |  |  |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |  |     |                         |          |                      |  |  |
| Contact Name Sharon Lee Walds  | nan  |     | Contact Title President |          |                      |  |  |
| Street Address 56 Greaton Drive  |  |     | City Providence         | State RI | <sup>Ζiρ</sup> 02906 |  |  |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS   |  |     |                         |          |                      |  |  |
| Manager Name   |  |     | Manager Name            |          |                      |  |  |
| Street Address   |  |     | Street Address          |          |                      |  |  |
| City   | State  | Zip | City                    | State    | Ziφ                  |  |  |
| Manager Name   |  | •   | Manager Name            |          |                      |  |  |
| Street Address   |  |     | Street Address          |          |                      |  |  |
| City   | State  | Zip | City                    | State    | Ζφ                   |  |  |
| Check the box to indicate an attachment  |  |     |                         |          |                      |  |  |
| o. recsident Agentin Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.  |  |     |                         |          |                      |  |  |
| Under penalty of erjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and but all statements contained herein are true and correct. |  |     |                         |          |                      |  |  |
| Name of AuthorizetPerson   |  |     |                         |          | Date                 |  |  |
| Sharon Lee Waldmin   |  |     |                         | 10/5/18  |                      |  |  |
| Signature of Authorized Person Shame Jan Waldson   |  |     |                         |          |                      |  |  |

MAIL TO:

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