



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 SECRETARY OF STATE
 CORPORATIONS DIV
 2019 MAY 17 PH 1:41

Annual Report for the year: 2019
 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 001678640 | | 2. Exact name of the Corporation Light House DeLuxe Inc Providence | |
| 3. State of Incorporation R.I. | | 5. Brief description of the character of business conducted in Rhode Island We are here to reach out to the community to help feed the homeless give out clothes, we have formed a Women's group where we come together talk about their problems to the best of our ability | |
| 4. NAICS Code 813110 | | | |
| 6. Principal Office Address 1920 Mineral Spring Ave. | | City North Providence | State RI |
| | | Zip 02964 | |
| 7. List ALL officers (names and addresses). RI Corporations MUST list at least THREE officers. Check the box to indicate an attachment <input type="checkbox"/> | | | |
| President Name Apselle Vanessa Brown | | Vice-President Name | |
| Street Address 8 Wayne St. | | Street Address | |
| City Providence | State RI | Zip 02908 | |
| Secretary Name Sister Pruncetta Johnson | | Treasurer Name | |
| Street Address 102 Evergreen Drive #161 | | Street Address | |
| City East Providence | State RI | Zip 02914 | |
| 8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/> | | | |
| Director Name Apselle Vanessa Brown | | Director Name Bishop Linnel E Brown (Sr) | |
| Street Address 8 Wayne St | | Street Address 8 Wayne St | |
| City Providence | State RI | Zip 02908 | |
| Director Name Sister Pruncetta Johnson | | Director Name | |
| Street Address 102 Evergreen Drive #161 | | Street Address | |
| City East Providence | State RI | Zip 02914 | |
| 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. | | | |
| <i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i> | | | |
| Name of Officer/Authorized Representative Apselle Vanessa Brown | | Date 5/17/2019 | |
| Signature of Officer/Authorized Representative <i>Apselle Vanessa Brown</i> | | FILED | |

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

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