

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

2019

RECE. VEL CORETARY OF STATE CORPORATIONS D'V

2019 MAY 17 PH 1: 41

Annual Report for the year: 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	$\overline{}$		
001678640	Light House Dela	crince behavior	les	_
3. State of Incorporation	5. Brief description of the character of husiness conducted in Rhode Island			
RT.	We are here to reach out to the commenty to help. Feed,			
4. NAICS Code	the hemeless give out Clother, we have formed a Women			
813110	goup where we come to other talk about their hope To the			
6. Principal Office Address	^	City	State	Zip
1920 Mineral Spring auc.		North Vravidace	RI	62964
7. List ALL officers (names and addresses) Check the box to indicate an attachment				
President Name Variety Torbur		Vice-President Name		
Street Address Warne S7.		Street Address		
City Prusque	State RT Zip 02908	City	State	Zip
Sign Trencetta To thison		Treasurer Name		
Street Address D2 Even Ou	Street Address			
City	State Zio	City	State	Zip
Cost Providence				
8. List ALL directors (names and addresses), RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment				
Direct Name He Vanesy Portin		Director Names Shirn Line & Porround Sa)		
Street Address Name of	Street Address Warm S.			
city Providence	State Rt 2ip 02908	City Proxidence	State	Zip 02908
Director Name Sittle Princetta, Jothney Director Name				
Street Address 102 Elehaun Dive # 161 Street Address				
East Provider	State Zip 62914.	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	,
Aparte Vansa Brown			5/14	16 2019
Signature of Office (Authorized Representative FILED				
HANGE Vaning the				
MAY 17 2019				

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov 2962T