



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

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.

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 SECRETARY OF STATE
 CORPORATIONS DIV

2019 JUN 18 AM 11:56

1. Entity ID Number 136071		2. Exact name of the Corporation Lighthouse Community Development Corporation			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island <i>SOCIAL SERVICE INCLUDING FOOD PANTRY, ANGER MANAGEMENT.</i>			
4. NAICS Code 624210 - Community Food S					
6. Principal Office Address 11 Hawthorne Street			City Providence	State RI	Zip 02907
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jacqueline Britto		Vice-President Name Keith Harris			
Street Address 36 Togansett Road		Street Address 11 Claire Street			
City Providence	State RI	Zip 02907	City Riverside	State RI	Zip 02915
Secretary Name Michell Macias		Treasurer Name Anthony Black			
Street Address 116 Roosevelt Street		Street Address 54 Delmar Avenue			
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02907
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 Christiana Kellier		Director Name Adam Chirico			
Street Address 21 Spicer Street		Street Address 43 Graybar Road			
City Providence	State RI	Zip 02905	City Warwick	State RI	Zip 02888
Director Name Anthony Black		Director Name			
Street Address 54 Delmar Avenue		Street Address			
City Providence	State RI	Zip 02907	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.					
<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 Anthony Black				Date 06/17/2019	
Signature of Officer/Authorized Representative <i>[Signature]</i>				FILED JUN 18 2019 SIGN DOCUMENT HERE BY <i>[Signature]</i> EZEZS	

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