STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
133388	A & D Lighthouse Financial Services, Inc.			
3. Street Address Principal Business Office		City	State	Zip
2845 POST ROAD, SUITE 138		WARWICK	RI	02886-
4. Business Phone No.	5. State of Incorporation			6. SIC Code
401-921-0902	RHODE ISLAND			

7. Brief Description of the Character of Business Conducted in Rhode Island
TO ENGAGE IN THE BUSINESS OF BOOKKEEPING AND BUSINESS CONSULTING SERVICES

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
Deborah Bettencourt	None
Street Address	Street Address
Deborah Bettencourt	Deborah Bettencourt
Street Address	Street Address
2845 Post Road, Suite 307	2845 Post Road, Suite 307
City / State / Zip	City / State / Zip
Warwick / RI / 02886	Warwick / RI / 02886

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
Deborah Bettencourt	None
Street Address	Street Address
2845 Post Road, Suite 307	
City / State / Zip	City / State / Zip
Warwick / RI / 02886	
Director Name	Director Name
None	None
Street Address	Street Address
City / State / Zip	City / State / Zip

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐ **11. SHARES ISSUED** *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
8,000 NO PAR VALUE			100	Common	No Par

*This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee*

[redacted] 1 3 3 3 8 8

133388 DBC 01/15/05 08:26:15 PM
File Date 2-24-05
Check No. 4101
By: DC
FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Deborah Bettencourt 2/22/05
Signature of Officer *Date*

Deborah Bettencourt
Print or Type Name of Officer

[redacted] President
Title of Officer

Form 630 12/01

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1 Corporate ID No: 133388

2 Name of Corporation: A & D Lighthouse Financial Services, Inc.

3 Street Address Principal Business Office: 2845 Post Road, Suite 307 | *City:* Warwick | *State:* RI | *Zip:* 02886

4 Business Phone No.: 401-921-0902 | *5 State of Incorporation:* Rhode Island | *6 SIC Code:* 7658

7. Brief Description of the Character of Business Conducted in Rhode Island:
BOOKKEEPING AND BUSINESS CONSULTING SERVICES

8. NAMES AND ADDRESSES OF THE OFFICERS *(X BOX FOR ATTACHMENT)* ☐ *FILL IN SPACES BELOW IF NOT USING ATTACHMENT*

President Name			*Vice President Name*		
Deborah Bettencourt			None		
Street Address			*Street Address*		
2845 Post Road, Suite 307					
City	*State*	*Zip*	*City*	*State*	*Zip*
Warwick	RI	02886			
Secretary Name			*Treasurer Name*		
Deborah Bettencourt			Deborah Bettencourt		
Street Address			*Street Address*		
2845 Post Road, Suite 307			2845 Post Road, Suite 307		
City	*State*	*Zip*	*City*	*State*	*Zip*
Warwick	RI	02886	Warwick	RI	02886

9. NAMES AND ADDRESSES OF THE DIRECTORS *(X BOX FOR ATTACHMENT)* ☐ *FILL IN SPACES BELOW IF NOT USING ATTACHMENT*

Director Name			*Director Name*		
Deborah Bettencourt			None		
Street Address			*Street Address*		
2845 Post Road, Suite 307					
City	*State*	*Zip*	*City*	*State*	*Zip*
Warwick	RI	02886			
Director Name			*Director Name*		
None			None		
Street Address			*Street Address*		
City	*State*	*Zip*	*City*	*State*	*Zip*

10. SHARES AUTHORIZED *(X BOX FOR ATTACHMENT)* ☐ **11. SHARES ISSUED** *(X BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
8,000 NO PAR VALUE			100	Common	No Par

*This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee*

[redacted] 1 3 3 3 8 8 [redacted]

File Date 2-10-04
Check No 3842
By
FOR SECRETARY OF STATE USE ONLY

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.

Deborah Bettencourt 1-24-03
Signature of Officer *Date*

Deborah Bettencourt
Print or Type Name of Officer

President
Title of Officer

Form 630 12/01