



State of Rhode Island  
Department of State - Business Services Division

FILED

Annual Report for the year: 2024  
Non-Profit Corporation

FEB 28 2024

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

BY

1. Entity ID Number <b>000138253</b>	2. Exact name of the Corporation <b>DUTCH ISLAND LIGHTHOUSE SOCIETY</b>
3. State of Incorporation <b>RI</b>	5. Brief description of the character of business conducted in Rhode Island <b>TO LEASE, REFURBISH, AND PROVIDE MAINTENANCE FOR THE DUTCH ISLAND LIGHTHOUSE</b>
4. NAICS Code <b>236220</b>	

6. Principal Office Address <b>2139 BROAD ST</b>	City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02905</b>
---	-------------------------	--------------------	---------------------

7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>SCOTT CHAPIN</b>	Vice-President Name <b>PETER RHEIN</b>		
Street Address <b>21 BLOOMING PLACE</b>	Street Address <b>195 WATERWAY</b>		
City <b>WAKEFIELD</b> State <b>RI</b> Zip <b>02879</b>	City <b>SAUNDERSTOWN</b> State <b>RI</b> Zip <b>02874</b>		
Secretary Name <b>WHEATON VAUGHN</b>	Treasurer Name <b>MARJORIE JOHNSTON</b>		
Street Address <b>5 WHITNEY CT</b>	Street Address <b>58 COLLATION CIRCLE</b>		
City <b>NARRAGANSETT</b> State <b>RI</b> Zip <b>02882</b>	City <b>WICKFORD</b> State <b>RI</b> Zip <b>02852</b>		

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>			
Director Name <b>BRENT CLIVEDEN</b>	Director Name <b>CRAIG AMERIGAN</b>		
Street Address <b>195 WATERWAY</b>	Street Address <b>1994 NARRAGANSETT AVE</b>		
City <b>SAUNDERSTOWN</b> State <b>RI</b> Zip <b>02874</b>	City <b>JAMESTOWN</b> State <b>RI</b> Zip <b>02835</b>		
Director Name <b>WHIT HILL</b>	Director Name <b>John Volpe</b>		
Street Address <b>19 WILLETT RD</b>	Street Address <b>424 Gondola Ave</b>		
City <b>SAUNDERSTOWN</b> State <b>RI</b> Zip <b>02874</b>	City <b>Jamestown</b> State <b>RI</b> Zip <b>02835</b>		

9. The Registered Agent information of record with the RI Department of State is accurate. 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 <b>MARJORIE JOHNSTON</b>	Date <b>2/21/24</b>
---	------------------------

Signature of Officer/Authorized Representative

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