	State of Rho Office of the Sec		te	Fee: \$20.00
	Division Of Bus	iness Services		
	148 W. Riv	ver Street		
	Providence RI	02904-2615		
1636	(401) 222	2-3040		
Non-Profit Corporation Annual Report Filing Period: February 1 -				
	. 7-6-94, each corporation fa ne prescribed by law (R.I.G.L			
ANNUAL REPORT YEAR	- ENTER THE CURRENT YEA	R 2024 : <u>202</u> 4	<u>1</u>	
1. Corporate ID No. 0	00136071			
2. Name of Corporation	Lighthouse Community Dev	velopment Cor	poration	
3. State of Incorporation				
State: <u>RI</u>				
	NAICS CC	DE		
primary type of activity in populate a NAICS Code b	ed NAICS Code below, select which your entity engages. based on the chosen selection er assistance with selecting a	The box to the n. If the NAICS	right of the dropdo Code is known, e	own will
NAICS Code				
<u>624210</u>				
4. Principal Office Addre	ss			
No. and Street: 11 H	AWTHORNE STREET			
	/IDENCE	State: <u>RI</u>	Zip: <u>02907</u> Cou	ntry: <u>USA</u>
5. Brief Description of th	e Character of the Affairs Co	onducted in Rh	ode Island	
TO PROVIDE REHABI	LIATION AND REHABIL	ITATION ANI	<u>D REENTRY SEI</u>	RVICES TO
MEN, WOMEN AND FAMILIES WHO ARE HOMELESS OR HAVE BEEN				
INCARCERATED.				
6. Names and Addresses	of the Officers and Directo	ors:		
All Directors and Officer Island Corporation shall	s must be listed individually not be less than 3.	y. The number	of DIRECTORS of	a Rhode
1				

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	JACQUELINE BRITTO	36 TOGANSETT RD PROVIDENCE, RI 02907 USA
TREASURER	ANTHONY BLACK	7 ANSEL AVENUE PROVIDENCE, RI 02907 USA
SECRETARY	SHERRY OLINK MS	3174 POST ROAD WARWICK, RI 02888 USA
DIRECTOR	MARJORIE DELILKE MRS	63 BUDLONG AVENUE WARWICK, RI 02888 USA
DIRECTOR	KEITH HARRIS MR	11 CLAIRE STREET RIVERSIDE, RI 02915 USA
DIRECTOR	SHERRY OLINK	3174 POST RD WARWICK, RI 02888 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

JOHN J. OWENS 11 HAWTHORNE STREET PROVIDENCE , RI 02907

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 3 Day of June, 2024 at 11:51:02 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By ANTHONY BLACK

Signature of Authorized Person

Form No. 631 Revised 09/07

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