

REC'D RIDGESS  
24 JUN 20 PM 2:30:13State of Rhode Island  
Department of State - Business Services DivisionAnnual Report for the year: 2024

## Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <b>000998085</b>		2. Exact name of the Corporation <b>The Lighting Practice, Inc.</b>	
3. Principal Office Address <b>123 S. Broad Street</b>		City <b>Philadelphia</b>	State <b>PA</b>
		Zip <b>19109</b>	
4. NAICS Code <b>541490</b>	6. Brief description of the character of business conducted in Rhode Island <b>Lighting Design Services</b>		
5. State of Incorporation <b>PA</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>Michael A. Barber</b>		Vice-President Name <b>Jered E. Widmer</b>	
Street Address <b>46 Pebble Beach Lane</b>		Street Address <b>2223 Hawes Ave, Apt 445</b>	
City <b>Pottstown</b>	State <b>PA</b>	City <b>Dallas</b>	State <b>TX</b>
	Zip <b>19464</b>		Zip <b>75235</b>
Secretary Name <b>Jonathan T. Hoyle</b>		Treasurer Name <b>Anthony J. Flynn</b>	
Street Address <b>234 Reed St</b>		Street Address <b>3414 Auchentoroly Ter</b>	
City <b>Philadelphia</b>	State <b>PA</b>	City <b>Baltimore</b>	State <b>MD</b>
	Zip <b>19147</b>		Zip <b>21217</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
	Zip		Zip
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
	Zip		Zip
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.			
Changes require an additional filing.			
10. Shares Issued		CLASS/SERIES	
NUMBER OF SHARES		PAR VALUE	
5000		CNP	
		\$10.00	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.			
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.			
Name of Authorized Representative <b>Anthony J. Flynn</b>		Date <b>04.11.24</b>	
Signature of 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

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FORM 100- Revised 10/2023

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BY PTDppd