

State of Rhode Island  
Department of State - Business Services DivisionAnnual Report for the year: 2025  
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

FILED

DEC 02 2024

BY 031e0  
DS

1. Entity ID Number 000507228		2. Exact name of the Corporation HARBOR LIGHT, INC.			
3. Principal Office Address 11 SACHEM ROAD		City BRISTOL		State RI	Zip 02809
4. NAICS Code 541519		6. Brief description of the character of business conducted in Rhode Island COMPUTERS			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name ANTONIO C LIMA			Vice-President Name ANTONIO C LIMA		
Street Address 11 SACHEM ROAD			Street Address 11 SACHEM ROAD		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
Secretary Name ANTONIO C LIMA			Treasurer Name ANTONIO C LIMA		
Street Address 11 SACHEM ROAD			Street Address 11 SACHEM ROAD		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
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	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <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.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			0		
			COMMON		
			0		
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					Date 11/27/24
Signature of Authorized Representative ANTONIO C LIMA					

## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov