RI SOS Filing Number: 202218253690 Date: 5/26/2022 4:00:00 PM

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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022
Non-Profit Corporation

-> Filing period: February 1 - May 1

→ Filing Fee: \$20.00

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

FILED	
BY 26 2022	

1. Entity ID Number	Entity ID Number 2. Exact name of the Corporation											
000138253	Dutch Island Lighthouse Society											
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island TO LEASE, REFURBISH, AND PROVIDE MAINTENENCE OF THE DUTCH											
RI	ISLAND LIGHTHOUSE											
4. NAICS Code												
236220												
6. Principal Office Address			City State Zip									
2139 BROAD STREET						2905						
7. List ALL officers (names and ad	7. List ALL officers (names and addresses) Check the box to indicate an attachment											
President Name SCOTT CHAP	IN		Vice-President Name PETER RHEIN									
Street Address 21 BLOOMING	PPLACE		Street Address 19	t Address 195 WATERWA			Ϋ́					
City WAKEFIELD	State RI	^{Zip} 02879	City SAUNDE	RSTOWN	State	RI	Zip	02874				
Secretary Name WHEATON VA	AUGHN		Treasurer Name MARJORIE JOHNSTON									
Street Address 5 WHITNEY CO	OURT		Street Address 58 COLLATION CIRCLE									
City NARRAGANSETT	State RI	^{Zip} 02882	City NORTH K	KINGSTOWN	State	RI	Zip	02852				
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment												
Director Name BRENT CLIVE	Name BRENT CLIVEDEN Directo				Director Name CRAIG AMERIGAN							
Street Address 195 WATERW	AY		Street Address 194 NARRAGANSETT AVE					Street Address 194 NARRAGANSETT AVE				
City SAUNDERSTOWN	State RI	^{Zip} 02874	City JAMEST	OWN	State	RI	Zip	02835				
Oirector Name WHIT HILL			Director Name									
Street Address 19 WLLETT R	OAD		Street Address									
City SAUNDERSTOWN	State RI	^{Zip} 02874	City		State		Zip					
9. The Registered Agent information	on of record with the	e RI Department o	of State is accurate	. Changes require	filing f	orm 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 Pre				Authorized Represental	tve, Rece	elver or Truste	ө.					
ame of Officer/Authorized Representative				Date								
MARJORIE JOHNSTON 05/20/2022												
Signature of Officer/Authorized Representative May orie Johnston Treaswer												

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov