



State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year: **2023**
 Non-Profit Corporation

MAR 03 2023
 BY 255 *ks*

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

1. Entity ID Number 000138253		2. Exact name of the Corporation DUTCH ISLAND LIGHTHOUSE SOCIETY	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island CRANSTON TO LEASE, REFURBISH, AND PROVIDE MAINTENANCE FOR THE DUTCH ISLAND LIGHTHOUSE.	
4. NAICS Code 236220 813990 - Other Similar Organiza			
6. Principal Office Address 2139 BROAD STREET		City CRANSTON	State RI
		Zip 02905	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name SCOTT CHAPIN		Vice-President Name PETER RHEIN	
Street Address 21 BLOOMING PLACE		Street Address 195 WATERWAY	
City WAKEFIELD	State RI	City SAUNDERSTOWN	State RI
Zip 02879		Zip 02784	
Secretary Name WHEATON VAUGHN		Treasurer Name MARJORIE JOHNSON	
Street Address 5 WHITNEY COURT		Street Address 58 COLLATION CIRCLE	
City NARRAGANSETT	State RI	City NORTH KINGSTOWN	State RI
Zip 02882		Zip 02852	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name BRENT CLIVEDEN		Director Name CRAIG AMERICAN	
Street Address 195 WATERWAY		Street Address 194 NARRAGANSETT AVE	
City SAUNDERSTOWN	State RI	City JAMESTOWN	State RI
Zip 02874		Zip 02835	
Director Name WHIT HILL		Director Name	
Street Address 19 WILLETT ROAD		Street Address	
City SAUNDERSTOWN	State RI	City	State
Zip 02874		Zip	
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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>			
Name of Officer/Authorized Representative MARJORIE JOHNSON			Date 2/27/2023
Signature of Officer/Authorized Representative <i>Marjorie Johnston</i>			

MAIL TO:
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 Website: www.sos.ri.gov