



**State of Rhode Island
Department of State - Business Services Division**

FILED

Annual Report for the year: 2024
Non-Profit Corporation

FEB 28 2024

BY *[Signature]*

- 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 TO LEASE, REFURBISH, AND PROVIDE MAINTENANCE FOR THE DUTCH ISLAND LIGHTHOUSE
4. NAICS Code 236220	

6. Principal Office Address 2139 BROAD ST	City CRANSTON	State RI	Zip 02905
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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 Zip 02879	City SAUNDERSTOWN State RI Zip 02874		
Secretary Name WHEATON VAUGHN	Treasurer Name MARJORIE JOHNSTON		
Street Address 5 WHITNEY CT	Street Address 58 COLLATION CIRCLE		
City NARRAGANSETT State RI Zip 02882	City WICKFORD 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 <input checked="" type="checkbox"/>			
Director Name BRENT CLIVEDEN	Director Name CRAIG AMERIGAN		
Street Address 195 WATERWAY	Street Address 1994 NARRAGANSETT AVE		
City SAUNDERSTOWN State RI Zip 02874	City JAMESTOWN State RI Zip 02835		
Director Name WHIT HILL	Director Name John Volpe		
Street Address 19 WILLETT RD	Street Address 424 Gondola Ave		
City SAUNDERSTOWN State RI Zip 02874	City Jamestown State RI Zip 02835		

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.

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

Name of Officer/Authorized Representative MARJORIE JOHNSTON	Date 2/21/24
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Signature of Officer/Authorized Representative
Marjorie A Johnston

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