



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. <b>110880</b>		2. Exact name of the limited liability company <b>Legacy 50 Tooling LLC</b>			
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>OWN TOOLING FOR 52 FOOT LEGACY POWER YACHT</b>			
5. Principal office address <b>305 OLIPHANT LANE</b>		City <b>MIDDLETOWN</b>	State <b>RI</b>	Zip <b>0284</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>RON LAROSE</b>		Contact Title <b>TREASURER</b>			
Street Address <b>305 OLIPHANT LANE</b>		City <b>MIDDLETOWN</b>	State <b>RI</b>	Zip <b>0284</b>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <b>STEPHEN CHALEPP</b>		Manager Name <b>PAUL PETRONELLO</b>			
Street Address <b>20 NORMAN DR</b>		Street Address <b>711 WAPPING RD.</b>			
City <b>RYE</b>	State <b>NY</b>	Zip <b>10580</b>	City <b>PORTSMOUTH</b>	State <b>RI</b>	Zip <b>02871</b>
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name <b>JOHN A. MURPHY, ESQ.</b>		Address			
Address <b>77 NARRAGANSETT AVENUE</b>		City <b>JAMESTOWN</b>	Zip <b>02835-</b>		

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**FILED**

File Date

**SEP 14 2007**

Check No.

By: **50538**

FOR SECRETARY OF STATE USE ONLY

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.

**Ronald Larose**  
Signature of Authorized Person

**9/14/07**  
Date

**RONALD LAROSE**  
Print or Type Name of Authorized Person