

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 \* Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK \* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(e)d)) is subject to a penalty fee of \$25.00

iaw (R.I.G.L. 7-1.2-1501(c&d)	) is subject to a p	enalty fee of \$25.00.			•
1. Corporate ID No.	2. Name of Con				
89457	Legac	y Cleaning Se	rvices, Ltd.		
3. Street Address Principal Busine	ss Office		City	State	Zip
150 Colfax Street			Providence	RI	02905
4. Business Phone No.		5. State of Incorporation	m		
(401) 351-282	22	RI			
6. Brief Description of the Charact					· · · · · · · · · · · · · · · · · · ·
Industri	ial and r	esidential cla	eaning services	3	
7. NAMES AND ADDRESS:	ES OF THE OFF	ICERS: ("X" BOX FOR AT	TACHMENT) 🔲 FILL IN S	PACES BEFORE USING	G ATTACHMENTS
President Name			Vice President Name		
Taiwo Akinku	iowo				
Street Address			Street Address		
150 Colfax S	Street		•		
City	State	Ζip	City	State	Zij;
Providence	RI	02905			[ ]
Secretary Name	•••••••••••••••••••••••••••••••••••••••	**************************	Treasurer Name		
Taiwo Akinku	10WO		Taiwo Akinkuowo		
Street Address			Street Address		
same			same		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSI	ES OF THE DIRI	ECTORS: ("X" BOX FOR A	A <i>ttachment)</i> 🗌 fill in	SPACES BEFORE USI	NG ATTACHMENTS
Director Name			Director Name		
Taiwo Akinku	romo				
Street Address			Street Address		
same					
City	State	Ζψ	City	State	Ζip
Director Name	***************************************	***************************************	Director Name		
Street Address			Street Address		
	*****				
City	State	Zψ	City	State	Zψ
9. SHARES AUTHORIZED	("X" BOX FOR	ATTACHMENT)	10. SHARES ISSUED	("X" BOX FOR ATTAC	CHMENT)
AUTHORIZED SHARES			ISSUED SHARES — THIS SEC		• 🖵
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
300	7				
300 no par value			300		no par
		·····			
This report must be execute	d on behalf of th	ne corporation by an author	ized representative. If the co	rnoration is in the boar	ls of a receiver or trust
this report must be executed	i on behalf of the	e corporation by the receive	er or trustee.	vitoranou is in mic italic	is of a fectivel of trustee,
-		1			

File Date _	FILED
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Ву:	3V/3/5+/3/2
FC	OR SECRETARY OF STATE USE ONLY

	_
	d affirm that I have examined this report, es and statements, and that all statements
00	Justos
Signature	Date
TAMOR KINKUOWO	
Print or Type Name	
PRESIDENT	
Title	Form 630 Rev. 12/06