



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 138244		2. Exact name of the Corporation LEGACY GENERAL CONTRACTING, INC.						
3. Principal office address 654 Metacom Avenue		City Warren	State RI	Zip 02885				
4. Business Phone No. 401-247-7498		5. State of Incorporation Rhode Island						
6. Brief description of the character of business conducted in Rhode Island To operate a real estate management and contracting business.								
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐								
President Name Mario J. Lagoa			Vice-President Name Eli J. Costa					
Street Address 654 Metacom Avenue			Street Address 654 Metacom Avenue					
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885			
Secretary Name Paul J. Lopes			Treasurer Name Paul J. Lopes					
Street Address 654 Metacom Avenue			Street Address 654 Metacom Avenue					
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885			
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐								
Director Name None.			Director Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
9. SHARES AUTHORIZED								
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐								
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.								
						NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
						100	Common	No Par Value

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date _____

Check No _____

By: _____

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.

Signature of Authorized Representative

Date

Mario J. Lagoa, President

Print or Type Name of Authorized Representative

JAN 7 2014

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