



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2017**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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1. Entity ID Number 000121436		2. Exact name of the Corporation Legacy Long Distance International, Inc.			
3. Principal Office Address 10833 Valley View Street, Suite 150			City Cypress	State CA	Zip 90630
4. NAICS Code 51 - Information		6. Brief description of the character of business conducted in Rhode Island Telecommunications			
5. State of Incorporation California					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Curtis A. Brown			Vice-President Name George Hansell, Jr.		
Street Address 10833 Valley View Street, Suite 150			Street Address 10833 Valley View Street, Suite 150		
City Cypress	State CA	Zip 90630	City Cypress	State CA	Zip 90630
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Curtis A. Brown			Director Name George Hansell, Jr.		
Street Address 10833 Valley View Street, Suite 150			Street Address 10833 Valley View Street, Suite 150		
City Cypress	State CA	Zip 90630	City Cypress	State CA	Zip 90630
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		450,000	STK	0.0	
		10,000,000	CNP	0.0	
11. 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. 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.					
Name of Authorized Representative Sharon R. Warren / Authorized Rep. of Attorney in Fact				Date 4-5-17	
Signature of Authorized Representative <i>Sharon R. Warren</i>		TECHNOLOGIES MANAGEMENT INC. AS ATTORNEY IN FACT BY SHARON R. WARREN, CONSULTANT			

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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FORM 630 - Revised: 02/2017