



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: **2016**  
Corporation

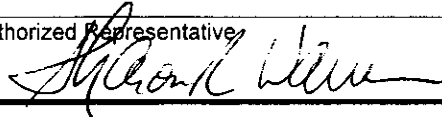
→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV

2017 APR -6 AM 10:41

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

## MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

APR 06 2017 10:43

FORM 630 - Revised: 02/2017

BY CU 300317