RI SOS Filing Number: 201740143970 Date: 4/6/2017 10:42:00 AM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2015 Corporation

R.I. DEP 1. OF STATE BUS SYCS BIV

2017 APR -6 AM 10: 41

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.		• •					
1. Entity ID Number 000121436	Exact name of the Corporation Legacy Long Distance International, Inc.						
3. Principal Office Address	l Office Address				State	Zip	
10833 Valley View Street, Suite 150			Cypress		CA	90630	
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island						
51 - Information	Telecommunications						
5. State of Incorporation							
California	1						
7. List ALL officers (names and	addresses)			Che	eck the box to indic	ate an attachment	
President Name Curtis A. Brow	Vice-President Name George Hansell, Jr.						
Street Address 10833 Valley Vi	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 ar	d addresses)		1.,,	Che	eck the box to indic	ate an attachment	
Director Name Curtis A. Brown			Director Name	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	
Only	Otale	-,,	jon,		Otate	1-7	
9. Shares Authorized This information is currently of record in the		10. Shares Iss		Check the box to indicate an attachment CLASS/SERIES PAR VALUE			
Department of State. Changes require an additional filing.		450,000			0.0		
		10,000,000	10,000,000		0.0		
11. This report must be execute					rporation is in the l	nands of a receiver or	
trustee, this report must be exe Under penalty of perjury, I de	clare and affirm ti	nat I have examin	ed this report, i		companying sche	dules and	
statements, and that all state Name of Authorized Represent		nerein are true an	a correct.		Date (
						4-5-17	
Signature of Authorized Repres	sentative, I		LOGIES MANAGE SATTORNEY-IN-F	DMENT WAS	'D c		
· (BY SHARU	N.R. WARREN, C	JUNSU 112	7		

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 0 6 2017 /0:42

FORM 630 - Revised: 02/2017

BY on 3003/7