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State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: 2018 Corporation

**FILED** 

JAN 05 2018 BY 6730

|             | Filipa | period: | Januan  | . 1 | _ | March | 1 |
|-------------|--------|---------|---------|-----|---|-------|---|
| <del></del> | rinng  | perioa. | January | 7 1 | - | march | 1 |

→ Filing Fee: \$50.00

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

| y Charty: Additional death   |                                  | · · · · · ·   |                                    |                      |   |                           |  |  |  |  |
|--|----------------------------------|---|------------------------------------|----------------------|---|---------------------------|--|--|--|--|
| Entity ID Number   | 2. Exact nam                     | 2. Exact name of the Corporation  |                                    |                      |   |                           |  |  |  |  |
| 138244   | LEGACY                           | LEGACY GENERAL CONTRACTING, INC.  |                                    |                      |   |                           |  |  |  |  |
| 3. Principal Office Address  |                                  |   | City                               |                      | State   | Zip                       |  |  |  |  |
| 551 Warren Avenue  |                                  |   | East Provid                        | lence                | RI  | 02914                     |  |  |  |  |
| 4. NAICS Code  | 6. Brief desci                   | 6. Brief description of the character of business conducted in Rhode Island |                                    |                      |   |                           |  |  |  |  |
| 238990   | To operate                       | To operate a real estate management and contracting business.               |                                    |                      |   |                           |  |  |  |  |
| 5. State of Incorporation  | State of Incorporation           |   |                                    |                      |   |                           |  |  |  |  |
| Rhode Island   |                                  |   |                                    |                      |   |                           |  |  |  |  |
| 7. List ALL officers (names and  | addresses)                       |   |                                    |                      | ck the box to in  | dicate an attachment      |  |  |  |  |
| President Name Mario J. Lagoa  | ŀ                                | Vice-President Name Eli J. Costa  |                                    |                      |   |                           |  |  |  |  |
| Street Address 551 Warren Ave  | Street Address                   | Street Address 551 Warren Avenue  |                                    |                      |   |                           |  |  |  |  |
| City East Providence   | State RI                         | <sup>Zip</sup> 02914  | City East Providence               |                      | State RI  | <sup>Zip</sup> 02914      |  |  |  |  |
| Secretary Name Paul J. Lopes   | Treasurer Nan                    | Treasurer Name Paul J. Lopes  |                                    |                      |   |                           |  |  |  |  |
| Street Address 551 Warren Ave  | Street Address 551 Warren Avenue |   |                                    |                      |   |                           |  |  |  |  |
| City East Providence   | State RI                         | <sup>Zip</sup> 02914  | City East Providence               |                      | State RI  | <sup>Zip</sup> 02914      |  |  |  |  |
| 8. List ALL directors (names ar  | nd addresses)                    |   |                                    | Che                  | ck the box to in  | idicate an 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                       |  |  |  |  |
|  |                                  | 40 Charas las   |                                    | Cho                  | ick the box to in   | ndicate an attachment 🗍   |  |  |  |  |
| 9. Shares Authorized   | neard in the                     |   | 10. Shares Issued NUMBER OF SHARES |                      | Check the box to indicate an attachment  CLASS/SERIES PAR VALUE |                           |  |  |  |  |
| This Information is currently of record in the<br>Department of State.   |                                  | 100   |                                    | Common               |   | No Par Value              |  |  |  |  |
| Changes require an additional fi   | ling.                            | · · · · ·   | <del></del>                        |                      |   |                           |  |  |  |  |
| 11. This report must be execut   | ed on behalf of the              | corporation by an   | authorized repres                  | sentative. If the co | rporation is in t   | he hands of a receiver or |  |  |  |  |
| trustee, this report must be exe   | ecuted on behalf of              | the corporation by  | the receiver or ti                 | ustee.               | ompanying so  | hedules and               |  |  |  |  |
| 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 Represen  | tative                           | / /   | A                                  | /)                   | Date  | / /                       |  |  |  |  |
| Mario J. Lagoa, President  Mario J. Lagoa, President   |                                  |   |                                    |                      |   |                           |  |  |  |  |
| Signature of Authorized Repre  | sentative                        | holon   |                                    |                      | 7   | /                         |  |  |  |  |
| i  |                                  |   |                                    |                      |   |                           |  |  |  |  |

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov