RI SOS Filing Number: 201859388800 Date: 2/28/2018 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS DIV

2018 FEB 28 PM 2:37

Annual Report for the year: 2018

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation
00089457	LEGACY CLEANING SERVICES, LTD

3. Principal Office Address	City	State	Zip
726 ATWELLS AVE	PROVIDENCE	RI	02909

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
812990	COMMERCIAL AND RESIDENTIAL CLEANING SERVICES
5. State of Incorporation: RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: TAIWO AKINKUOWO			Vice-President Name		
Street Address: 726 ATWELLS AVE			Street Address		
City: PROVIDENCE	State: RI	Zip: 02909	City	State	Zip
Secretary Name			Treasurer Name: TAIWO AKINKUOWO		
Street Address			Street Address: 726 ATWELLS AVE		
City	State	Zip	City: PROVIDENCE	State: RI	Zip: 02909

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: TAIWO AKINKUOWO			Director Name		
Street Address: 726 ATWELLS AVE			Street Address		
City: PROVIDENCE	State: RI	Zip: 02909	City	State	Zip
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 ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
300		NO PAR

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	Date
TAIWO AKINKUOWO	02/21/2018

Signature of Authorized Representative: Taiwo Akinkuowo

FILED

FEB 28 2018

BY 3255360

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

FORM 630 - Revised: 10/2017