



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

STAMP

1. Entity ID Number 67611		2. Exact name of the Corporation LFI Legacy, Inc.			
3. Principal Office Address 50 Industrial Circle			City Lincoln	State RI	Zip 02865
4. NAICS Code 42 - Wholesale Trade	6. Brief description of the character of business conducted in Rhode Island SALE AND DISTRIBUTION OF CHEMICAL MATERIALS				
5. State of Incorporation Massachusetts	425120				
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input checked="" type="checkbox"/>
President Name Walter W. Martish, III			Vice-President Name		
Street Address 50 Industrial Circle			Street Address		
City Lincoln	State RI	Zip 02865	City	State	Zip
Secretary Name James J. Noon			Treasurer Name James J. Noon		
Street Address 50 Industrial Circle			Street Address 50 Industrial Circle		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Walter W. Martish, III			Director Name James J. Noon		
Street Address 50 Industrial Circle			Street Address 50 Industrial Circle		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued		
This information is currently of record in the Department of State.			Check the box to indicate an attachment <input type="checkbox"/>		
Changes require an additional filing.			NUMBER OF SHARES 150	CLASS/SERIES Common	PAR VALUE 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 JAMES NOON				Date 2/14/18	
Signature of Authorized Representative 				SIGN DOCUMENT HERE MAR 02 2018	

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

BY

1012 OS