



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.

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				Check the box to indicate an attachment <input type="checkbox"/>
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE	
		150	Common	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 1012 OS		

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov

FORM 630 - Revised: 10/2016