RI SOS Filing Number: 202199799400 Date: 7/30/2021 8:59:00 AM



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

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

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	T	· ·				
1. Entity ID Number	2. Exact name of the Limited Liability Company					
00796696	LEGACY Group LLC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
999999	Proffesial Concultant Services					
5. State of Formation						
2-19-2013						
6. Principal Office Address			City	State	Zip	
250 Chestrut Dr.			EAST GreenW	ch R.I	02818	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Reviw P. Horkins			Contact Title			
Street Address 250 Chestnut Dr.			City East Greever	N State R-I	^{Zp} 02818	
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Check the box to indicate an attachment						
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.						
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 Person				Date	Date	
KEVIN P. HOPKING				•		
Signature of Authorized Person						
Keen P. The						
•		1				

MAIL TO:

Division of Business Services

148 W. River Street. Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov JUL \$ 0 2021 9 8 N 0 60