



State of Rhode Island
Department of State - Business Services Division

STAMP

FOR
SECRETARY OF STATE
USE ONLY

Annual Report for the year: 2024
Limited Liability Company

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 001708513		2. Exact name of the Limited Liability Company LMW Legacy, LLC.	
3. NAICS Code 531110		4. Brief description of the character of business conducted in Rhode Island Real Estate	
5. State of Formation RI			
6. Principal Office Address 203 Angell St.		City Providence	State RI
Zip 02906			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Joan Sackett		Contact Title	
Street Address 203 Angell Street		City Providence	State RI
Zip 02906			
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
9. 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 Joan Sackett		Date 1/22/24	
Signature of Authorized Person 			

FILED

JAN 26 2024

BY

MAIL TO:

Division of Business Services
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Website: www.sos.ri.gov