



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

FEB 05 2024

EX-10888

10888

1 Entity ID Number 138244		2 Exact name of the Corporation LEGACY GENERAL CONTRACTING, INC.			
3 Principal Office Address 551 Warren Avenue		City East Providence		State RI	Zip 0914
4 NAICS Code 238990		6 Brief description of the character of business conducted in Rhode Island To operate a real estate management and contracting business.			
5 State of Incorporation Rhode Island					
7 List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Mario J. Lagoa			Vice-President Name Eli J. Costa		
Street Address 551 Warren Avenue			Street Address 551 Warren Avenue		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
Secretary Name Paul J. Lopes			Treasurer Name Paul J. Lopes		
Street Address 551 Warren Avenue			Street Address 551 Warren Avenue		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
8 List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None.			Director Name		
Street Address			Street Address		
City	State	Zip	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 <input type="checkbox"/>					
This information is currently of record in the Department of State.					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
100		Common		No Par Value	
Changes require an additional filing.					
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 Mario J. Lagoa, President					Date 1/25/2024
Signature of Authorized Representative					

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: 11/2021