

## State of Rhode island Department of State - Business Services Division

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.

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REC'D RIDOS BSD     74 APR 16 PM12:11:44	\$3.8886f	

1. Entity ID Number	2. Exact name of the Limited Liability Company						
000796696	LEGACY Grove LC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
541418							
5. State of Formation	Professional Consultant SERVICES						
6. Principal Office Address	o Wan	City	State	Zip			
10 SPRING GI	an eng St.	WARWICK	127	0288			
7. Mailing Address of Limited Lis	ability Company and Name or Tit	e of Contact Person		·			
Contact Name  KEVIN HUPKINS		Contact Thie P(Resipant					
10 Spring Gamber of		CHy Wormel	State /2 I	20 W/8			
8. The Resident Agent information	on 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		evia Itopkias	9-16-24				
Signature of Authorized Person	~ M/						
		<u>-:</u>					

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

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