



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$20.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

*Filing Period: February 1 - May 1*

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024:** 2024

**1. Corporate ID No.** 001753461

**2. Name of Corporation** Legacy Collective RI

**3. State of Incorporation**

State: RI

**NAICS CODE**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

611519

**4. Principal Office Address**

No. and Street: 374 WEST FOUNTAIN STREET

City or Town: PROVIDENCE

State: RI Zip: 02903 Country: USA

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

EQUIPPING CREATIVES OF COLOR IN RHODE ISLAND WITH SKILLS THEY CAN IMMEDIATELY USE TO BUILD A CAREER IN THE FILM INDUSTRY. LCRI STUDENTS WILL PRACTICE WITH EQUIPMENT THAT ISN'T READILY AVAILABLE UNLESS ALREADY ESTABLISHED IN THE FIELD, BEGIN BUILDING A PORTFOLIO OF CLIENTS, LEARN FOUNDATIONAL SKILLS OF MANAGING AN ENTREPRENEURIAL CAREER, AND ELEVATE THEIR FILMMAKING ABILITIES TO INSPIRE FUTURE GENERATIONS

**6. Names and Addresses of the Officers and Directors:**

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
INCORPORATOR	IAN TRAVIS BARNARD	315 SLATER AVE PROVIDENCE, RI 02906 USA
DIRECTOR	REZA BREAKSTONE	105 FOSDYKE ST PROVIDENCE , RI 02906 USA
DIRECTOR	CHARLES CARVAHLO	89 GROVE ST PAWTUCKET, RI 02860 USA
DIRECTOR	JACKLYN XAVIER	60 TUCKER ST LINCOLN, RI 02865 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

IAN TRAVIS BARNARD 374 WEST FOUNTAIN ST PROVIDENCE , RI 02903

**8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

*Signed this 29 Day of April, 2024 at 9:59:23 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By IAN BARNARD  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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