



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
Limited Liability Company

2025

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

STAMP

FILED

JAN 17 2025

BY

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 Street		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 1/14/2025	
Signature of Authorized Person 				

MAIL TO:

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

Phone: (401) 222-3040

Website: www.sos.ri.gov