



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

Annual Report for the year: **2017**

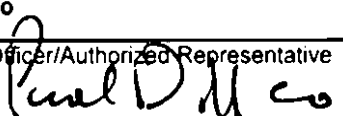
Non-Profit Corporation 

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

STAMP

1. Entity ID Number <b>000308390</b>		2. Exact name of the Corporation <b>The Legris Commons Condominium Association</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>Operation of condominium owners association</b>			
4. NAICS Code <b>531311</b>					
6. Principal Office Address <b>242 Howard Avenue</b>			City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>Peter Rosiello</b>			Vice-President Name		
Street Address <b>PO Box 69</b>			Street Address		
City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <b>Shane Panneton</b>			Director Name <b>Peter Rosiello</b>		
Street Address <b>44 Shippee Avenue</b>			Street Address <b>PO Box 69</b>		
City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>	City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>
Director Name <b>Paul DeMarco</b>			Director Name		
Street Address <b>620 Main Street, CU 3A</b>			Street Address		
City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	City	State	Zip
9 Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<b>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.</b>					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee					
Name of Officer/Authorized Representative <b>Paul DeMarco</b>				Date <b>3/5/18</b>	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

**MAIL TO:**

Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: [www.sos.ri.gov](http://www.sos.ri.gov)

**FILED**

**MAR 08 2018**