



# NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 \*

\* 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.

1. Corporate ID No. 142331	2. Name of Corporation Legacy Woods Homeowners Association
3. State of Incorporation RHODE ISLAND	4. Corporate address in Rhode Island - Street Address 700 Main Street
5. Foreign corporation: Enter principal office address	
City	State
City	Zip

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island  
TO OPERATE HOMEOWNERS ASSOCIATION. TO OWN AND MAINTAIN OPEN SPACES.

7. NAMES AND ADDRESSES OF THE OFFICERS (X) BOX FOR ATTACHMENT ( ) FILE IN SPACES BEFORE USING ATTACHMENTS			
President Name Carmine T. D'Elhara	Vice President Name John D'Elhara		
Street Address 700 Main St	Street Address 700 Main St		
City East Greenwich	City East Greenwich	State R.I.	Zip 02818
Secretary Name Carmine T. D'Elhara	Treasurer Name Carmine T. D'Elhara		
Street Address 700 Main Street	Street Address 700 Main St		
City E.G.	City East Greenwich	State R.I.	Zip 02818

8. NAMES AND ADDRESSES OF THE DIRECTORS (X) BOX FOR ATTACHMENT ( ) FILE IN SPACES BEFORE USING ATTACHMENTS			
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3) R.I.G.L. 7-6-33			
Director Name Carmine D'Elhara	Director Name John D'Elhara		
Street Address 700 Main St E.G.	Street Address 700 Main St		
City E.G.	City E.G.	State R.I.	Zip 02820
Director Name Nancy Lafosse	Director Name		
Street Address Sharon Brook	Street Address		
City E.G.	City	State R.I.	Zip 02818

9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13/14-18	
Agent Name Carmine T. D'Elhara ESR	Address 700 Main Street
Address	City East Greenwich R.I.
	Zip 02818

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



1 4 2 3 3 1

\*142331 DNR 061306 02:05:57 PM\*

**FILED**

File Date  
JUL 12 2006

Check No.

By: *[Signature]*

FOR SECRETARY OF STATE USE ONLY

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.

*[Signature]*

Signature of Officer \_\_\_\_\_ Date \_\_\_\_\_

Print or Type Name of Officer  
Carmine T. D'Elhara

Title of Officer  
President