



State of Rhode Island  
Department of State - Business Services Division

**FILED**

FEB 08 2024

Annual Report for the year: 2024

**Non-Profit Corporation**

→ Filing period February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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 UNIT OWNERS ASSOCIATION IN CONNECTION WITH LEGRIS COMMONS CONDOMINIUM IN WEST WA</b>			
4. NAICS Code <b>813910</b>					
6. Principal Office Address <b>5 LEGRIS COMMONS LANE</b>			City <b>WEST WARWICK</b>	State <b>RI</b>	Zip <b>02893</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>TRACEY MILLER</b>			Vice-President Name		
Street Address <b>5 LEGRIS COMMONS LANE</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. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>KARL PEASE</b>			Director Name <b>TRACEY MILLER</b>		
Street Address <b>4 LEGRIS COMMONS LANE</b>			Street Address <b>5 LEGRIS COMMONS LANE</b>		
City <b>WEST WARWICK</b>	State <b>RI</b>	Zip <b>02893</b>	City <b>WEST WARWICK</b>	State <b>RI</b>	Zip
Director Name <b>JOSEPH LIVINGSTONE</b>			Director Name		
Street Address <b>3 LEGRIS COMMONS LAND</b>			Street Address		
City <b>WEST WARWICK</b>	State <b>RI</b>	Zip <b>02893</b>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. 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>TRACEY MILLER</b>				Date <b>1/2/24</b>	
Signature of Officer/Authorized Representative 					

MAIL TO:  
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