



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR** 2011

**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b)(c)) is subject to a penalty fee of \$25.00.

1. ID No. <b>109765</b>		2. Exact name of the limited liability company <b>Murphy Apartments LLC</b>	
3. State of Formation <b>CT</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>own and manage the Granite Hill Apartment complex</b>	
5. Principal office address <b>252 S. Broad St, P.O. Box 1670</b>		City <b>Pawcatuck</b>	State <b>CT</b>
		Zip <b>06379</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>Steve Greene</b>		Contact Title <b>accountant, resident agent</b>	
Street Address <b>One Canal St</b>		City <b>Westerly,</b>	State <b>RI</b>
		Zip <b>02891</b>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name <b>Rhendi M. Lee</b>		Manager Name	
Street Address <b>1 Fairway Court</b>		Street Address	
City <b>Pawcatuck</b>	State <b>CT</b>	City	State
Zip <b>06379</b>		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11			

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 SECRETARY OF STATE  
 CORPORATIONS DIV  
 2011 SEP 14 AM 11:13

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**FILED**  
**SEP 14 2011**

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.

By: [Signature]  
151960

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

[Signature] 9/16/11  
Signature of Authorized Person Date

**Rhendi M. Lee, Partner**  
Print or Type Name of Authorized Person