



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2014**

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 113571		2. Exact name of the Corporation MURRAY MARKETING, INC.			
3. Principal office address 167 MEMORIAL DRIVE		City SHREWSBURY	State MA	Zip 01545	
4. Business Phone No. 508-450-6231		5. State of Incorporation MASSACHUSETTS			
6. Brief description of the character of business conducted in Rhode Island TO ERECT OUTDOOR ADVERTISING STRUCTURES AND MAKE COMMERCIAL AVAILABLE					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name JOSEPH T. MURRAY			Vice-President Name ROBERT F. MURRAY, JR.		
Street Address 7 FAIRVIEW DRIVE			Street Address 8 RED COAT DR.		
City BRISTOL	State RI	Zip 02809	City SHREWSBURY	State MA	Zip 01545
Secretary Name ROBERT F. MURRAY, JR.			Treasurer Name ROBERT F. MURRAY, JR.		
Street Address 8 RED COAT DR.			Street Address 8 RED COAT DR.		
City SHREWSBURY	State MA	Zip 01545	City SHREWSBURY	State MA	Zip 01545
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name JOSEPH T MURRAY			Director Name ROBERT F. MURRAY, JR.		
Street Address 7 FAIRVIEW DRIVE			Street Address 8 RED COAT DRIVE		
City BRISTOL	State RI	Zip 02809	City SHREWSBURY	State MA	Zip 01545
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			10000	COMMON	NO PAR VALUE

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date _____

Check No _____

By: _____

FILED

JUL 08 2014

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 of Authorized Representative

Date

Print or Type Name of Authorized Representative