

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

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR __2014

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No.	2. Exact name of the limited liability company					
105968	Peck/Murdock, L.L.C.					
3. State of Formation Rhode Island	4. Brief description of the character of business conducted in Rhode Island Own Real Estate and Vessel used for personal use located in R I					
5. Principal office address 149 Nanaquaket Road			City Tiverton	State R I	Zip 02878	
6. MAILING ADDRESS OF LIMIT	ED LIABILITY CO	MPANY AND NAME O	R TITLE OF CONTACT PERSON	l:		
Contact Name Janet S. Peck			Contact Title C0-Manager			
Street Address 149 Nanaquaket Road			City Tiverton	State R I	Zip 02878	
7. LIST <u>ALL</u> MANAGERS (NAMI ("X" BOX FOR ATTACHMENT		SES) OF THE LIMITED	LIABILITY COMPANY, IF APPLI	CABLE - DO NOT	LIST MEMBERS	
Manager Name Janet S. Peck			Manager Name Frederick W. Murdock, Jr.			
Street Address 149 Nanaquaket Road			Street Address 527 So Broadway			
City Tiverton	State R I	Zip 02878	City Salem	State N H	Zip 03079	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN RHODE ISLAND Janet S. Peck, 149 Nanaquaket Rd., Tiverton, RI 02878						
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.						

FILED

SEP 05 2014

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File Date	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.		
Check No	Layer & Peck	9/4/2014	
Ву:	Signature of Authorized Person	Date	
FOR SECRETARY OF STATE USE ONLY	Janet S. Peck, Co-Manager Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012