



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

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. 75091		2. Exact name of the limited liability company Beavertail Properties LLC			
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To acquire, develop, lease, sell or otherwise deal in real property.			
5. Principal office address c/o Colleen (Murray) Coggins, 14 Barberry Drive		City Rumford	State RI	Zip 02916	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Colleen (Murray) Coggins		Contact Title Manager			
Street Address 14 Barberry Drive		City Rumford	State RI	Zip 02916	
7. LIST ALL MANAGING PARTNERS AND ADDRESSES OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (X) FOR ATTACHMENTS <input type="checkbox"/>					
Manager Name Terrence J. Murray			Manager Name Colleen (Murray) Coggins		
Street Address 27 Eliot Street			Street Address 14 Barberry Drive		
City Jamaica Plain	State MA	Zip 02130	City Rumford	State RI	Zip 02916
Manager Name Megan (Murray) Craigen			Manager Name Christopher D. Murray		
Street Address 234 Causeway Street, Unit 1208			Street Address 234 East 4th Street, Apt. 27		
City Boston	State MA	Zip 02114	City New York	State NY	Zip 10009
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED

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SECRETARY OF STATE
CORPORATIONS DIV

File Date _____

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By: _____

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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.

Terrence J. Murray
Signature of Authorized Person

November 26, 2014

Date

Terrence J. Murray, Manager
Print or Type Name of Authorized Person