

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

Filling 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 nar	2. Exact name of the limited liability company				
103978	Murray &	Murray & Young Associates LLC				
3. State of Formation	4. Brief dead	4. Brief description of the character of business conducted in Rhode Island				
Rhode Island	To acquir	To acquire, develop, lease, sell or otherwise deal in real property.				
5. Principal office address			City Providence	State	^{Zip} 02903	
c/o V. Duncan Johnson			FIOVIDATION	RI		
	FED LIABILIT	A COMBANA WHO RYM	E OR TITLE OF CONTACT PER	BON:		
Contact Name Terrence J. Murray			Contact Title Manager			
errence J. Murray			City State Zin			
7 Eliot Street			Jamaica Plain	MA	02130	
T. EIST <u>ALL</u> HAMAGERS (NA		RESSES) OF THE LIMIT	FED LIABILITY COMPANY, IF A	PPLICABLE - DO	NOT LIST MEN BERS	
Manager Name Terrence J. Murray			Manager Name Colleen Coggins			
trest Address		Street Address				
7 Eliot Street		14 Barberry Drive				
Jamaica Plain	State MA	^{Zip} 02130	City East Providence	State RI	^{Zip} 02916	
Manager Name			Manager Name			
Paula McNamara			Megan Craigen			
Street Addrees 23 Catlin Avenue			Street Address 234 Causeway Street, Unit 1208			
746.	State	7in		State	Zin	
Rumford	RI	^{Ztp} 02916	City Boston	MA	^{Zip} 02114	
. RESIDENT AGENT IN RHO	DE ISLAND	· · · · · · · · · · · · · · · · · · ·			~	
This information is currently	of record in the	Office of the Secretary	of State. Changes require filin	g Form 642.		
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File Date	· · · · · · · · · · · · · · · · · · ·		Under penalty of perjury this report, including an and that all statements o	y accompanying:	firm that I have examined schedules and statements, are true and correct.	
Check No			Tuen V	hy	November 24, 201	
Ву:			Signature of Autigorized Po	ereop	Date	
			Terrence J. Murray, Manager			

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012

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