



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. 103978		2. Exact name of the limited liability company Murray & Young Associates 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 V. Duncan Johnson, Esq., 2800 Financial Plaza		City Providence	State RI	Zip 02903	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Terrence J. Murray		Contact Title Manager			
Street Address 27 Eliot Street		City Jamaica Plain	State MA	Zip 02130	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (*X* BOX FOR ATTACHMENT) ☐					
Manager Name Terrence J. Murray		Manager Name Colleen Coggins			
Street Address 27 Eliot Street		Street Address 14 Barberry Drive			
City Jamaica Plain	State MA	Zip 02130	City East Providence	State RI	Zip 02916
Manager Name Paula McNamara		Manager Name Megan Craigen			
Street Address 23 Catlin Avenue		Street Address 234 Causeway Street, Unit 1208			
City Rumford	State RI	Zip 02916	City Boston	State MA	Zip 02114
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

NOV 26 2014

BY

237494

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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

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CORPORATIONS DIV
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