



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 2015

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 Barberrry 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 Barberrry Drive		City Rumford	State RI	Zip 02916	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name Terrence J. Murray		Manager Name Colleen (Murray) Coggins			
Street Address 27 Eliot Street		Street Address 14 Barberrry 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.					

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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 September 2, 2015
 Signature of Authorized Person Date
 Terrence J. Murray, Manager
 Print or Type Name of Authorized Person