

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 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. 825611	2. Exact na Murphy	2. Exact name of the limited liability company Murphy Prospect, LLC						
State of Formation	4. Brief des Hold and	Brief description of the character of business conducted in Rhode Island Hold and manage real estate						
5. Principal office address 35 Prospect Street			City Bristol	State RI	Zip 02809			
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND N Contact Name Judith Bowen			NAME OR TITLE OF CONTACT PERSON: Contact Title Member					
Street Address 32 High Street			City Dartmouth	State MA	Zip 02748			
7. LIST <u>ALL</u> MANAGERS (("X" BOX FOR ATTACH	(NAMES AND ADD	PRESSES) OF THE	LIMITED LIABILITY COMPANY, I	F APPLICABLE - DO				
Manager Name None			Manager Name None					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
Manager Name None			Manager Name None					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
8. RESIDENT AGENT IN RETAILS INFORMATION IN CURRENT INFORMATION IS CURRENT INFORMATION IN CURRENT IN THE PROPERTY IN THE PROPE		e Office of the Secr	retary of State. Changes require	liling Form 642.				

File Date			Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements,
Check No		OCT 2 7 2015	and that all statements contained herein are true and correct.
Ву:	1	11 17 1 1 7	Signature of Authorized Person Date Judith Bowen, Member
FOR SECRETARY OF STATE USE ONLY			Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012