RI SOS Filing Number: 201870639040 Date: 6/25/2018 4:00:00 PM

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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2018

Filing Period: June 1 - June 30 • **This report must be typed or printed legibly.**
Filing Fee: $20.00 • **FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No: 74852
2. Exact name of the Corporation: The Murray Family Charitable Fdn
3. State of Incorporation: RI
4. Brief description of the character of business conducted in Rhode Island: Charitable giving mainly to educational (813219)
5. Principal office address: 10 Weybosset St Ste 302B, City: Prov, State: RI, Zip: 02903

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name: Paula McNamara
Street Address: 10 Weybosset St 302B
City: Prov, State: RI, Zip: 02903

Vice-President Name: Terrence J. Murray
Street Address: 144 Peaked Rock Rd
City: Navr, State: RI, Zip: 02882

Secretary Name: Paula McNamara
Street Address:
City: State: Zip:

Treasurer Name:
Street Address:
City: State: Zip:

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name: Paula McNamara
Street Address: see above
City: State: Zip:

Director Name: Terrence Murray
Street Address: See above
City: State: Zip:

Director Name: Megan Craigen
Street Address: 144 Peaked Rock Rd
City: Navr, State: RI, Zip: 02882

Director Name: Colleen Cosgrove
Street Address: 14 Barberry Dr
City: Rumford, State: RI, Zip: 02916

8. REGISTERED AGENT IN RHODE ISLAND
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

Form No. 631
Revised: 04/2014

FILED
JUN 25 2018
BY 3369
DS

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.

Paula McNamara — 6/16/18
Signature of Officer or Authorized Representative — Date

Paula McNamara
Print or Type Name of Officer or Authorized Representative