



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. 074852 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 Inst (813219)

5. Principal office address: 10 Weybosset St 302 B City: Providence State: RI Zip: 02903

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

President Name: Paula McNamara Vice-President Name: Terrence J. Murray

Street Address: 10 Weybosset St 302 B City: Providence State: RI Zip: 02903

City: Providence State: RI Zip: 02903 City: Narragansett State: RI Zip: 02882

Secretary Name: Paula McNamara Treasurer Name: W. Carr

Street Address: _____ City: _____ State: _____ Zip: _____

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 Director Name: Terrence J. Murray

Street Address: see above Street Address: see above

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Director Name: Megan Craigen Director Name: Colleen Cozzinis

Street Address: 144 Peaked Rock Rd Street Address: 14 Parberry Dr

City: Narragansett State: RI Zip: 02882 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 33109 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