



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**FILED**

Annual Report for the year: 2019  
 Corporation

JUN 14 2019 *oz*

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

RY 3543

1. Entity ID Number <b>74852</b>		2. Exact name of the Corporation <b>The Murray Family Charitable Foundation</b>			
3. Principal Office Address <b>91 Main St # 118</b>		City <b>Warren</b>	State <b>RI</b>	Zip <b>02885</b>	
4. NAICS Code <b>813211</b>		6. Brief description of the character of business conducted in Rhode Island <b>Charitable Foundation</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Paula McNamara</b>		Vice-President Name <b>Terrence J Murray</b>			
Street Address <b>91 Main St #118</b>		Street Address <b>144 Peaked Rock Rd</b>			
City <b>Warren</b>	State <b>RI</b>	Zip <b>02885</b>	City <b>Warr</b>	State <b>RI</b>	Zip <b>02882</b>
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Paula McNamara</b>		Director Name <b>Terrence J Murray</b>			
Street Address <b>see above</b>		Street Address <b>see above</b>			
City	State	Zip	City	State	Zip
Director Name <b>Megan Craigen</b>		Director Name <b>Colleen Coggins</b>			
Street Address <b>144 Peaked Rock Rd</b>		Street Address <b>42 Kensington Rd</b>			
City <b>WARR</b>	State <b>RI</b>	Zip <b>02882</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02905</b>
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		C. ASS/SFRIES	
		PAR VALUE			
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. <b>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.</b>					
Name of Authorized Representative <b>Paula McNamara</b>				Date <b>6/11/19</b>	
Signature of Authorized Representative <b>Paula McNamara</b>					