



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

Annual Report for the year: 2019
 Corporation

FILED

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 74852		2. Exact name of the Corporation The Murray Family Charitable Foundation			
3. Principal Office Address 91 Main St # 118		City Warren	State RI	Zip 02885	
4. NAICS Code 813211	6. Brief description of the character of business conducted in Rhode Island Charitable Foundation				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Paula McNamara			Vice-President Name Terrence J Murray		
Street Address 91 Main St #118			Street Address 144 Peaked Rock Rd		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02882
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 Coggins		
Street Address 144 Peaked Rock Rd			Street Address 42 Kensington Rd		
City WARREN	State RI	Zip 02882	City Cranston	State RI	Zip 02905
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
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. <i>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.</i>					
Name of Authorized Representative Paula McNamara				Date 6/11/19	
Signature of Authorized Representative Paula McNamara					