



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2021
Non-Profit Corporation

JUL 14 2021

BY 3861 OS

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 74852		2. Exact name of the Corporation The Murray Family Charitable Foundation			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Charitable Foundation			
4. NAICS Code 813211					
6. Principal Office Address 91 Main St #118		City Warren	State RI	Zip 02885	
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 Warr	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). RI Corporations MUST list at least THREE directors. 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 Warr	State RI	Zip 02882	City Cranston	State RI	Zip 02905
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
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>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Paula McNamara					Date 6/30/21
Signature of Officer/Authorized Representative Paula McNamara					

MAIL TO:
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