



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year:

2022

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

FILED

APR 25 2022

BY

397400

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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
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	City Warren	State RI
Zip 02885		Zip 02882	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name Paula McNamara		Director Name Terrence J Murray	
Street Address See above		Street Address See above	
City	State	City	State
Zip		Zip	
Director Name Megan Craigen		Director Name Colleen Coggins	
Street Address 144 Peaked Rock Rd		Street Address 42 Kensington Rd	
City Warren	State RI	City Cranston	State RI
Zip 02882		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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.			
Name of Officer/Authorized Representative Paula McNamara			Date 4/4/22
Signature of Officer/Authorized Representative Paula McNamara			

MAIL TO:  
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