

Department of State - Business Services Division

Annual Report for the year: 2

2025

FILED

JAN 3 1 2025

BY____109

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of the Lin	nited Liability Company			
001732702	MURTHA REED LAC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
531110					
5. State of Formation	Real ESTATE				
R.I.		~ ·			
6. Principal Office Address		City	State	Zip	
1 JEFFREY READ		Newport	R.I.	02840	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name		Contact Title	Contact Title		
DOUD L. REED		MANDGER	MANAGER		
Street Address	2 -	City Newport	State	Zip	
1 JEFFREY RODD		Newport	R.I.	02840	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
9. 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.					
Name of Authorized Person			Date	Date	
DAVID L REED			2/1/2025		
Signature of Authorized Person					
Signature of Authorized Person Recol					

MAIL TO:

Division of Business Services

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