

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 11, 2007 8:00 am
Secretary of State

09-11-2007 90005 004 ***550.00

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1. Entity Name
MURRAY'S MOVING & STORAGE, INC.



Principal Place of Business
**50 MARIA AVE
JOHNSTON, RI 02919-5307 US**

Mailing Address
**50 MARIA AVE
JOHNSTON, RI 02919-5307 US**



07052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
05-0435351

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MOSS, MARVIN I
4651 SHERIDAN ST.
STE. 300
HOLLYWOOD, FL 33021**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ANTHONY, MICHAEL
STREET ADDRESS	31 ORCHARD STREET
CITY-ST-ZIP	CRANSTON, RI 02910
TITLE	S
NAME	ANTHONY, MICHAEL
STREET ADDRESS	31 ORCHARD ST
CITY-ST-ZIP	CRANSTON, RI 02910
TITLE	T
NAME	CASTELLUCCI, CRAIG
STREET ADDRESS	64 OREGON AVENUE
CITY-ST-ZIP	NORTH PROVIDENCE, RI 02911
TITLE	VP
NAME	CASTELLUCCI, CRAIG
STREET ADDRESS	64 OREGON AVENUE
CITY-ST-ZIP	NORTH PROVIDENCE, RI 02911
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

*95 Sweetbarn Dr
CRANSTON RI 02920*

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other title empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/11/07