RI SOS Filing Number: 200941869320 Date: 02/02/2009 4:00 PM

State of Rhode Island and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of Sta*
Corporations Divisio
148 W. River Stre
Providence, RI 02904-261
401.222.304

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** in accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation
116031	Murphy's Service Center, Inc.

3. Street Address Principal Business Office	City	State	Zip
308 Waterman Ave	Smithfield	RI	02917

4. Business Phone No.	5. State of Incorporation
(401) 231-1490	Rhode Island

6. Brief Description of the Character of Business Conducted in Rhode Island
Automobile Repairs and Service

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
Michael Murphy	308 Waterman Ave	Smithfield	RI	02917

Vice President Name	Street Address	City	State	Zip
Cindy Murphy	308 Waterman Ave	Smithfield	RI	02917

Secretary Name	Street Address	City	State	Zip
Michael Murphy	308 Waterman Ave	Smithfield	RI	02917

Treasurer Name	Street Address	City	State	Zip
Cindy Murphy	308 Waterman Ave	Smithfield	RI	02917

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
Michael Murphy	308 Waterman Ave	Smithfield	RI	02917

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100	Common	No Par

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.

[redacted]

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this repor including any accompanying schedules and statements, and that all statemen contained herein are true and correct.

Michael T Murphy 1/30/09
Signature *Date*

Michael Murphy
Print or Type Name

[redacted] President
Title

File Date FILED

Check No. FEB 02 2009

By: By 15963

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Form 630 Rev. 08/08