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

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401 222 3040

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
87985	William T. Murphy Law Offices, Inc.

3. Street Address Principal Business Office	City	State	Zip
1 Turks Head Plaza, Suite 312	Providence	RI	02903

4. Business Phone No.	5. State of Incorporation
401-459-6700	Rhode Island

6. Brief Description of the Character of Business Conducted in Rhode Island
Practice of Law

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

President Name	Vice President Name
William T. Murphy	William T. Murphy
Street Address: 1 Turks Head Place, #312	Street Address: 1 Turks Head Place, #312
City: Providnce; State: RI; Zip: 02903	City: Providence; State: RI; Zip: 02903
Secretary Name: William T. Murphy	Treasurer Name: William T. Murphy
Street Address: 1 Turks Head Place, #312	Street Address: 1 Turks Head Place, # 312
City: Providence; State: RI; Zip: 02903	City: Providence; State: RI; Zip: 02903

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

Director Name	Director Name
William T. Murphy	None
Street Address: One Turks Head Place, # 312	Street Address:
City: Providence; State: RI; Zip: 02903	City: ; State: ; Zip:
Director Name: None	Director Name: None
Street Address:	Street Address:
City: ; State: ; Zip:	City: ; State: ; Zip:

9. SHARES AUTHORIZED
1000

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
10	N/A	$100 Each

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]

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.

[redacted] 3-20-2009
Signature *Date*

William T. Murphy
Print or Type Name

Secretary
Title

[redacted]

File Date FILED
Check No. MAR 23 2009
By: By CM 084502 11:38
FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 08/08