



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

A. Ralph Mollis, Secretary of State
Corporations Division
168 W. River Street
Providence, RI 02904-2615
(401) 222-3000

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

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. § 1-2.4-501(c), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. § 1-2.4-501(c)(1)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 60178		2. Name of Corporation MJM STRUCTURAL INC.			
3. Street Address Principal Business Office 150 East Shore Rd		City Narragansett		State R.I.	Zip 02882
4. Business Phone No. 401 789 2654		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island CONSTRUCTION					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael S. Murphy			Vice President Name None		
Street Address 150 East Shore Rd			Street Address		
City Narragansett	State R.I.	Zip 02882	City	State	Zip
Secretary Name Steven Murphy			Treasurer Name Michael S. Murphy		
Street Address 72 Plain Street			Street Address SAME		
City Middletown	State M.A.	Zip 02346	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Michael S. Murphy			Director Name		
Street Address SAME AS ABOVE			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED 100 NO PAR VALUE (no change)					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐					
ISSUED SHARES - THIS SECTION MUST BE COMPLETED					
Number of Shares 100		Class Series COMMON		Par Value without par value	
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.					

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.

File Date	FILED
Check No.	JAN 15 2010
By:	6910
FOR SECRETARY OF STATE USE ONLY	

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.

Signature: Michael S. Murphy Date: 1-12-10
Print or Type Name: Michael S. Murphy
Title: President