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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 2011

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. 000505975	2. Name of Corporation Murphy Specialty, Inc.				
3. Street Address Principal Business Office P.O. Box 292			City Readville	State MA	Zip 02137
4. Business Phone No. 617-361-3242	5. State of Incorporation MA				
6. Brief Description of the Character of Business Conducted in Rhode Island Sheet Metal Industry Work, H.V.A.C., Architecural Sheet Metal and Roofing, General Contracting, Historic Restoration					

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

President Name Paul Hardiman			Vice President Name none		
Street Address 158 Arlington St.			Street Address		
City Boston	State MA	Zip 02136	City	State	Zip
Secretary Name Brian Hardiman			Treasurer Name Paul G. Hardiman, Jr.		
Street Address 158 Arlington St.			Street Address 158 Arlington St.		
City Boston	State MA	Zip 02136	City Boston	State MA	Zip 02136

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

Director Name none			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name none			Director Name		
Street Address			Street Address		
City	State	Zip	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
0		

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.

FILED

File Date _____

Check No. AUG 04 2011

By: BY 10802

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 _____ Date 7/29/11

Print or Type Name PAUL G. HARDIMAN

Title PRES.

Form 630 Rev. 08/08

66104-7-659469