



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 60178		2. Exact name of the Corporation MJM STRUCTURAL INC.		
3. Principal office address 150 East Shore Rd		City NARRAGANSETT	State RI	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. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Michael J. Murphy		Vice-President Name NONE		
Street Address 150 East Shore Rd		Street Address		
City NARRAGANSETT	State RI	Zip 02882	City	State
Secretary Name STEVEN MURPHY		Treasurer Name Michael J. Murphy		
Street Address 72 PLAIN ST.		Street Address SAME		
City MIDDLEBURY	State MA.	Zip 02346	City	State
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name Michael J. Murphy		Director Name		
Street Address SAME AS ABOVE		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED				
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
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.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		100	COMMON	WITHOUT PAR VALUE

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

JAN 21 2015

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.

File Date _____

Check No _____

By: _____

BY **8374**

Signature of Authorized Representative **Michael J. Murphy** Date **1-16-15**

FOR SECRETARY OF STATE USE ONLY

Print or Type Name of Authorized Representative