



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**Annual Report for the year: 2018 Corporation**

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS  
 2018 FEB 21 AM 8:37  
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1. Entity ID Number <b>42971</b>		2. Exact name of the Corporation <b>MARK MURPHY, INC.</b>	
3. Principal Office Address <b>60 Pascoag Main Street</b>		City <b>Pascoag</b>	State <b>RI</b>
4. NAICS Code <b>722511</b>	6. Brief description of the character of business conducted in Rhode Island <b>TO OPERATE A RESTAURANT AND PUB</b>		
5. State of Incorporation <b>Rhode Island</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Mark E. Murphy</b>		Vice-President Name <b>Jonathan Murphy</b>	
Street Address <b>595 Town Farm Road</b>		Street Address <b>321 Nibb Road</b>	
City <b>Pascoag</b>	State <b>RI</b>	Zip <b>02859</b>	City <b>Pascoag</b>
Secretary Name <b>Jonathan Murphy</b>		Treasurer Name <b>Mark E. Murphy</b>	
Street Address <b>321 Nibb Road</b>		Street Address <b>595 Town Farm Road</b>	
City <b>Pascoag</b>	State <b>RI</b>	Zip <b>02859</b>	City <b>Pascoag</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.		10. Shares Issued	
Changes require an additional filing.		NUMBER OF SHARES <b>100</b>	CLASS/SERIES <b>Common</b>
		PAR VALUE <b>No Par</b>	
11. 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.			
<b>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.</b>			
Name of Authorized Representative <b>Mark E. Murphy</b>		Date <b>2-12-18</b>	
Signature of Authorized Representative <i>Mark E. Murphy</i>		<b>FILED</b>	
		<b>FEB 21 2018</b>	
		<b>BY [Signature] 3012</b>	

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov