



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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

STAMP

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 000105681		2. Exact name of the Corporation MURDOCK LANDSCAPING, INC.			
3. Principal Office Address 5 Hardwood Lane		City Westerly		State RI	Zip 02891
4. NAICS Code 54		6. Brief description of the character of business conducted in Rhode Island Engage in the business of landscape work.			
5. State of Incorporation Rhode Island		See 1730			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name David R. Murdock			Vice-President Name David M. Murdock		
Street Address 5 Hardwood Lane			Street Address 5 Hardwood Lane		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name Susan Beth Murdock			Treasurer Name Barbara Murdock		
Street Address 5 Hardwood Lane			Street Address 5 Hardwood Lane		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name David R. Murdock			Director Name David M. Murdock		
Street Address 5 Hardwood Lane			Street Address 5 Hardwood Lane		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
10. Shares Issued		Check the box to indicate an attachment ☐			
NUMBER OF SHARES		CLASS/STRIKES		PAR VALUE	
100		Common		None	
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.					
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.					
Name of Authorized Representative David R. Murdock, President				Date 2/16/18	
Signature of Authorized Representative <i>David R. Murdock</i>				SIGN DOCUMENT HERE FEB 27 2018 4814 DS	

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

FORM 630 - Revised: 10/2017