



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 2018

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. 951953		2. Exact name of the Corporation Murphy Electric & Industrial Control, Inc.			
3. Principal office address 7 Riverside Drive		City Pembroke		State MA	Zip 02359
4. Business Phone No. 781 826-6423		5. State of Incorporation Massachusetts			
6. Brief description of the character of business conducted in Rhode Island Electrical Contracting 238210					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Daniel P. Murphy			Vice-President Name Daniel P. Murphy		
Street Address 7 Riverside Drive			Street Address 7 Riverside Drive		
City Pembroke	State MA	Zip 02359	City Pembroke	State MA	Zip 02359
Secretary Name Ruth J. Murphy			Treasurer Name Daniel P. Murphy		
Street Address 7 Riverside Drive			Street Address 7 Riverside Drive		
City Pembroke	State MA	Zip 02359	City Pembroke	State MA	Zip 02359
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Daniel P. Murphy			Director Name		
Street Address 7 Riverside Drive			Street Address		
City Pembroke	State MA	Zip 02359	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
			200	Common No Par	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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

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.

Daniel P. Murphy 5-17-18
Signature of Authorized Representative Date

Daniel P. Murphy
Print or Type Name of Authorized Representative

11:29
FILED
MAY 21 2018
BY **99331018**

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SECRETARY OF STATE
CORPORATIONS DIV
2018 MAY 21 AM 11:21