



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 **2017**

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

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 SECRETARY OF STATE  
 CORPORATION DIV  
 MAY 21 AM 11:27

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

**11:28**  
**FILED**  
**MAY 21 2018**

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

BY *gno 33/018*