RI SOS Filing Number: 201988609320 Date: 3/13/2019 4:00:00 PM

(FF)
W

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: 2019 Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00.

FILED	_
MAR 1:3 2019.11P	

Penalty: Additional \$25.00 f	ee ii ioim is no	ot filed by April 1.					
1. Entity ID Number 000105681	2. Exact name of the Corporation  MURDOCK LANDSCAPING, INC.						
3. Principal Office Address				City		Zip	
5 Hardwood Lane	od Lane			Westerly		02891	
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island						
561730	Engage in the business of landscape work.						
5. State of Incorporation	- Supplied to the supplied of the supplied to						
Rhode Island							
7. List ALL officers (names and add	dresses)			Check	the box to indic	cate an attachment	
President Name David R. Murdock				Vice-President Name David M. Murdock			
Street Address 5 Hardwood Lane	Street Address	Street Address 5 Hardwood Lane					
City Westerly	State RI	<sup>Zip</sup> 02891	City Westerly		State RI	<sup>Zip</sup> 02891	
Secretary Name Susan Beth Murdock				Treasurer Name Barbara Murdock			
Street Address 5 Hardwood Lane			Street Address 5 Hardwood Lane				
City Westerly	State RI	<sup>Zip</sup> 02891	City Westerly		State RI	<sup>Zip</sup> 02891	
<ol><li>List ALL directors (names and a</li></ol>	ddresses)		<b>.</b>		the box to indi	cate an attachment	
David R. Murdock  David R. Murdock							
Street Address 5 Hardwood Lane			Street Address	Street Address 5 Hardwood Lane			
City Westerly	State RI	Zip 02891	City Westerly		State RI	Zip <b>02891</b>	
Director Name			Director Name	Director Name			
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized	· 4: · · ·	10 Shares Iss	sued	Check	the box to indic	cate an attachment	
This information is currently of reco Department of State.	rd in the	NUMBER O	F SHARES	CLASS/SER'E		PAR VALUE	
•		100		Common		None	
Changes require an additional filing.	•						
11. This report must be executed of	n behalf of the	corporation by an	authorized repres	sentative. If the corpo	pration 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  Date / /							
David R. Murdock, President 3/8/19							
Signature of Authorized Represent	ative Jusclah	SIGN DO	CUMENT HESE			<u>-</u>	

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov