RI SOS Filing Number: 202043407000			Date: 6/26/2020 3:28:00 PM					
State of Rhode Island ar Department of St			ivicion	•				
Department of St	ale - Dusille	ess Services D	IVISION			NOF 0202 Sag -	, r.	
Annual Report for the year: 2020						_ 		
Corporation ————————————————————————————————————			-			S S		
Filing period: January 1 - March 1						26		
→ Filing Fee: \$50.00 → Penalty: Additional \$25.00	fee if form is no	of filed by April 1				P	유문	
					_	PH S	SET STATE OF THE SET ST	
1. Entity ID Number	2. Exact name of the Corporation $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$							
000095120	Digit Mur	ω, ω						
3. Principal Office Address			City	•	State	Zip		
282 WAYLAND AVENUE			Providence		RI	029	906	
4. NAICS Code	Brief description of the character of business conducted in Rhode Island							
713900	TO OPERATE ICE HOCKEY CAMPS AND CLINICS.							
5. State of Incorporation	1							
RI								
7. List ALL officers (names and ad	ddresses)	· · · · · · · · · · · · · · · · · · ·		Check th	e box to in	dicate an at	tachment 🔲	
President Name MARGARET MUF	Vice-President Name ARONDA R KIRBY							
Street Address	Street Address							
282 Wayland Avenue			Street Address 282 Wayland Avenue					
City Providence	State RI	^{Zip} 02906	City Providence		State RI	Zıp	02906	
Secretary Name			Treasurer Name					
Street Address		· _	Street Address					
City	State	Zid	City	<u> </u>	State	Zip		
					Clate	-"		
8. List ALL directors (names and	addresses)			Check th	ie box to in	dicate an a	ttachment 🔲	
Director Name			Director Name		•			
Street Address			Street Address					
		·	<u> </u>					
City	State	Zıp	City		State	Zip		
Director Name	<u> </u>		Director Name					
		- 						
Street Address	Street Address							
City	State	Zıd	Ticity (1	State	Zip		
	<u> </u>		<u> </u>					
9. Shares Authorized This information is currently of rec	ord in the	10. Shares Issu NUMBER OF		Check th	e box to in		ttachment VALUE	
Department of State.		0		0.0000000000000000000000000000000000000				
Changes require an additional filing.								
11. This report must be executed				e. If the corpora	ation is in th	ne hands of	a receiver or	
trustee, this report must be execu- Under penalty of perjury, I deci				na any accomp	anuina sa	hadular ar	nd .	
statements, and that all statem				ng any accomp	anying so	iledules al	,0	
Name of Authorized Representative Date								
Margaret D N	lurphy				Jun	e 22.	2020	
Signature of Authorized Represe	ntative							
I MXn hush	n	S'GN DOC	ALMENT HERE	EN ED M				
	1							

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040

Website: www.sos.ri.gov

JUN 26 2020 3:28

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FORM 630 - Revised: 10/2017