



Department of State - Business Services Division

Annual Report for the year: **2019**
 Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

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|---|--------------------|--|--|--------------------|------------------------------|
| 1. Entity ID Number 000095120 | | 2. Exact name of the Corporation Digit Murphy Enterprises Inc. | | | |
| 3. Principal Office Address 282 WAYLAND AVENUE | | | City Providence | State RI | Zip 02906 |
| 4. NAICS Code 713900 | | 6. Brief description of the character of business conducted in Rhode Island TO OPERATE ICE HOCKEY CAMPS AND CLINICS. | | | |
| 5. State of Incorporation RI | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name MARGARET MURPHY | | | Vice-President Name ARONDA R KIRBY | | |
| Street Address 282 Wayland Avenue | | | Street Address 282 Wayland Avenue | | |
| City Providence | State RI | Zip 02906 | City Providence | State RI | Zip 02906 |
| Secretary Name | | | Treasurer Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| | | | | | |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| | | | | | |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| | | | | | |
| 9. Shares Authorized | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | NUMBER OF SHARES | | CLASS/SERIES | PAR VALUE |
| | | 0 | | | |
| 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. | | | | | |
| <i>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.</i> | | | | | |
| Name of Authorized Representative Margaret D. Murphy | | | | | Date June 22, 2020 |
| Signature of Authorized Representative | | | | | SIGN DOCUMENT HERE |

FILED ^m

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

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