



Department of State - Business Services Division

Annual Report for the year: **2017**
 Corporation

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

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV
 JUN 26 3:23 PM '20

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
			0		
			PAR VALUE		
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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BY *Ca No4XN*
 FORM 630 - Revised: 10/2017