



State of Rhode Island and Providence Plantations  
**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.

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 BUS SVCS DIV  
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|  |                    |  |   |                              |                     |
|--|--------------------|--|---|------------------------------|---------------------|
| 1. Entity ID Number<br><b>000095120</b>  |                    | 2. Exact name of the Corporation<br><b>Digit Murphy Enterprises Inc.</b>   |   |                              |                     |
| 3. Principal Office Address<br><b>282 WAYLAND AVENUE</b>   |                    |  | City<br><b>Providence</b>   | State<br><b>RI</b>           | Zip<br><b>02906</b> |
| 4. NAICS Code<br><b>713900</b>   |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>TO OPERATE ICE HOCKEY CAMPS AND CLINICS.</b> |   |                              |                     |
| 5. State of Incorporation<br><b>RI</b>   |                    |  |   |                              |                     |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                    |  |   |                              |                     |
| President Name<br><b>MARGARET MURPHY</b>   |                    |  | Vice-President Name<br><b>ARONDA R KIRBY</b>  |                              |                     |
| Street Address<br><b>282 Wayland Avenue</b>  |                    |  | Street Address<br><b>282 Wayland Avenue</b>   |                              |                     |
| City<br><b>Providence</b>  | State<br><b>RI</b> | Zip<br><b>02906</b>  | City<br><b>Providence</b>   | State<br><b>RI</b>           | Zip<br><b>02906</b> |
| Secretary Name   |                    |  | Treasurer Name  |                              |                     |
| Street Address   |                    |  | Street Address  |                              |                     |
| City   | State              | Zip  | City  | State                        | Zip                 |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |                    |  |   |                              |                     |
| 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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                              |                     |
| This information is currently of record in the Department of State.<br><br>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.<br><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<br><b>Margaret D. Murphy</b>   |                    |  |   | Date<br><b>June 22, 2020</b> |                     |
| Signature of Authorized Representative<br>   |                    |  |   | SIGN DOCUMENT HERE           |                     |

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

**FILED** <sup>m</sup>

**JUN 26 2020**      3:25

**BY** *W. H. K.*

FORM 630 - Revised: 10/2017