



Department of State - Business Services Division

Annual Report for the year: **2016**  
Corporation

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

2020 JUN 26 PM 3:23  
RI DEPT OF STATE  
BUS SVCS DIV  
02906

1. Entity ID Number <b>000095120</b>		2. Exact name of the Corporation <b>Digit Murphy Enterprises Inc.</b>										
3. Principal Office Address <b>282 WAYLAND AVENUE</b>		City <b>Providence</b>	State <b>RI</b>									
4. NAICS Code <b>713900</b>	6. Brief description of the character of business conducted in Rhode Island <b>TO OPERATE ICE HOCKEY CAMPS AND CLINICS.</b>											
5. State of Incorporation <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 <b>MARGARET MURPHY</b>		Vice-President Name <b>ARONDA R KIRBY</b>										
Street Address <b>282 Wayland Avenue</b>		Street Address <b>282 Wayland Avenue</b>										
City <b>Providence</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>									
Secretary Name		Treasurer Name										
Street Address		Street Address										
City	State	City	State									
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	City	State									
Director Name		Director Name										
Street Address		Street Address										
City	State	City	State									
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>										
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> <tr> <td>0</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	0					
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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. <b>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.</b>												
Name of Authorized Representative <b>MARGARET D. Murphy</b>		Date <b>June 22, 2020</b>										
Signature of Authorized Representative 		SIGN DOCUMENT HERE										

FILED