State of Rhode Island and Providence Plantations

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

RECEIVED
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BUS. SVCS DIV.
2020 JUN 26 PM 3:23

1. Entity ID Number	2. Exact name of the Corporation
000095120	Digit Murphy Enterprises Inc.

3. Principal Office Address	City	State	Zip
282 WAYLAND AVENUE	Providence	RI	02906

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
713900	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 ☐

President Name	Vice-President Name
MARGARET MURPHY	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 ☐

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 ☐		
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.

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.

Name of Authorized Representative	Date
MARGARET D. Murphy	June 22, 2020

Signature of Authorized Representative: Margaret D. Murphy

SIGN DOCUMENT HERE

FILED

JUN 26 2020

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

FORM 630 - Revised: 10/2017