



**Annual Report for the year: 2021**  
**Corporation**

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

FEB 19 2021  
 B: 5105  
 OS

1. Entity ID Number <b>42971</b>		2. Exact name of the Corporation <b>MARK MURPHY, INC.</b>			
3. Principal Office Address <b>60 Pascoag Main Street</b>			City <b>Pascoag</b>	State <b>RI</b>	Zip <b>02859</b>
4. NAICS Code <b>72 - Accommodation and Food</b>		6. Brief description of the character of business conducted in Rhode Island <b>TO OPERATE A RESTAURANT AND PUB</b>			
5. State of Incorporation <b>Rhode Island</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>Mark E. Murphy</b>			Vice-President Name <b>Jonathan Murphy</b>		
Street Address <b>595 Town Farm Road</b>			Street Address <b>321 Nibb Road</b>		
City <b>Pascoag</b>	State <b>RI</b>	Zip <b>02859</b>	City <b>Pascoag</b>	State <b>RI</b>	Zip <b>02859</b>
Secretary Name <b>Jonathan Murphy</b>			Treasurer Name <b>Mark E. Murphy</b>		
Street Address <b>321 Nibb Road</b>			Street Address <b>595 Town Farm Road</b>		
City <b>Pascoag</b>	State <b>RI</b>	Zip <b>02859</b>	City <b>Pascoag</b>	State <b>RI</b>	Zip <b>02859</b>
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.  Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	No Par
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>Mark E. Murphy</b>					Date <b>2-16-21</b>
Signature of Authorized Representative <i>Mark E. Murphy</i> 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