RI SOS Filing Number: 202198894700 Date: 7/1/2021 10:03:00 AM

State of Rhode Island

Department of State - Business Services Division

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.

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2021 JUL -1 A 9 57

Entity ID Number	2. Exact name of the Corporation						
001049036	Murphy & Associates, Inc.						
3. Principal Office Address			City		State	Zip	
22 Unity Court			Warwick		RI	02889	
4. NAICS Code	6. Brief descrip	otion of the charact	er of business conducted in Rhode Island				
541213	Management and Consulting Company.						
5. State of Incorporation							
Rhode Island							
7. List ALL officers (names and addresses) Check the box to indicate an attachment							
President Name Richard Murphy			Vice-President Name				
Street Address 22 Unity Court			Street Address				
City Warwick	State RI	^{Zip} 02889	City		State	Zip	
Secretary Name Richard Murphy			Treasurer Name Richard Murphy				
Street Address 22 Unity Court			Street Address 22 Unity Court				
City Warwick	State RI	^{Zip} 02889	City Warwick		State RI	^{Zip} 02889	
8. List ALL directors (names and addresses) Check the box to indicate an attachment							
Director Name Richard Murphy			Director Name				
Street Address 22 Unity Court			Street Address				
City Warwick	State RI	Zip 02889	City		State	Zip	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized	10. Shares Issu		ed Check the box to indicate an attachment				
This Information is currently of record in the Department of State.		NUMBER OF SHARES		CLASS/SERIES	3	PAR VALUE	
Changes require an additional filing.		1000		Common		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		
Richard Murphy					06/30/2	021	
Signature of Authorized Representative							
Sucha Wby DU 01 2021							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov BY CN 56 43N

10:03

FORM 630 - Revised: 08/2020