



State of Rhode Island
Department of State - Business Services Division

STAMP

Annual Report for the year: 2023

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECEIVED FOR SECRETARY OF STATE
R.I. DEPT. OF STATE
BUS SVCS DIV
2023 NOV 12 P 3:07

1. Entity ID Number <u>95120</u>		2. Exact name of the Corporation <u>Digit Murphy Enterprises</u>	
3. Principal Office Address <u>282 Wayland Ave</u>		City <u>Providence</u>	State <u>RI</u>
4. NAICS Code <u>713900</u>		6. Brief description of the character of business conducted in Rhode Island <u>TO OPERATE CAMPS AND CLINICS AND OTHER WOMENS SPORTS INITIATIVES</u>	
5. State of Incorporation <u>RI</u>		7. List ALL officers (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment	
President Name <u>Margaret Murphy</u>		Vice-President Name <u>ARONDA R KIRBY</u>	
Street Address <u>282 WAYLAND AVE</u>		Street Address <u>282 Wayland Ave</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
8. List ALL directors (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment		8. List ALL directors (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment	
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		10. Shares Issued <input type="checkbox"/> Check the box to indicate an attachment	
This information is currently of record in the Department of State.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		<u>8,000</u>	
		<u>STK</u>	
		<u>0</u>	
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 <u>MARGARET MURPHY</u>		Date <u>11/3/2023</u>	
Signature of Authorized Representative <u>Margaret Murphy</u>		NOV 03 2023 <u>AGMMA</u>	

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