RI SOS Filing Number: 202450169300 Date: 4/4/2024 4:00:00 PM



State of Rhode Island Department of State - Business Services Division

Annual Report for the year:

Limited Liability Company

-> Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

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| REC'D RIDOS 850 '24 APR 4 PM3:08:34 | 李·秦称《沙· | |

| 1. Entity ID Number | 2. Exact name of the Limited Liability Company | | | | | | |
|---|---|-----------------------|-------------|----------------------|--|--|--|
| 001674463 | murphys petroleum LC | | | | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | | | | |
| 213 112 | To operate gasoline stations and | | | | | | |
| 5. State of Formation | other Rotail operations | | | | | | |
| RI | | | _ | | | | |
| 6. Principal Office Address | 23 Social Street | City | State | Zip | | | |
| | | woonsacket | DE T | 02895 | | | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | | | |
| Sean MURPH Y | | Contact Title ManageR | | | | | |
| Street Address Y DO DI 90 fo | zan ROAD | Henrisulle | State | ^{Zip} 02830 | | | |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642. | | | | | | | |
| 9. 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 Person | Kenneth murphy | | Date 4/4/24 | | | | |
| Signature of Authorized Person | | | | | | | |
| | | | | | | | |

FILED

APR 04 2024

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov