



State of Rhode Island
Department of State - Business Services Division

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

Annual Report for the year: 2024

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

2024 JUN 20 PM 1:10

1. Entity ID Number <u>001658615</u>		2. Exact name of the Corporation <u>Mullen + McGourty PC</u>			
3. Principal Office Address <u>16 Edgerly Place</u>			City <u>Boston</u>	State <u>MA</u>	Zip <u>02116</u>
4. NAICS Code <u>541110</u>		6. Brief description of the character of business conducted in Rhode Island <u>Legal Services</u>			
5. State of Incorporation <u>MA</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Eugene M Mullen Jr</u>			Vice-President Name <u>Edward F. McGourty</u>		
Street Address <u>103 Lermy Rd</u>			Street Address <u>3 Stone Bridge Rd</u>		
City <u>Weston</u>	State <u>MA</u>	Zip <u>02193</u>	City <u>Milton</u>	State <u>MA</u>	Zip <u>02186</u>
Secretary Name <u>Edward F. McGourty</u>			Treasurer Name <u>Edward F. McGourty</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <u>Eugene M Mullen Jr</u>			Director Name <u>Edward F McGourty</u>		
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 <input type="checkbox"/>			
This information is currently of record in the Department of State.		NUMBER OF SHARES			
		CLASS/SERIES			
Changes require an additional filing.		PAR VALUE			
		<u>100</u>			
		<u>CNP</u>			
		<u>0.01</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>Edward F McGourty</u>					Date <u>6/17/24</u>
Signature of Authorized Representative <u>Edward F McGourty</u>					

FILED

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

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BY YVHNS FORM 630- Revised 12/2023

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