



State of Rhode Island
Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS DIV

Annual Report for the year:

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 1:09

1. Entity ID Number 001658615		2. Exact name of the Corporation Mullen & McGourty PC			
3. Principal Office Address 6 Edgerly Place			City Boston	State MA	Zip 02116
4. NAICS Code 541110		6. Brief description of the character of business conducted in Rhode Island Legal Services			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Eugene M Mullen Jr			Vice-President Name Edward F. McGourty		
Street Address 103 Loring Rd			Street Address 3 Stone Bridge Rd		
City Weston	State MA	Zip 02193	City Milton	State MA	Zip 02186
Secretary Name Edward F. McGourty			Treasurer Name Edward F. McGourty		
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 Eugene M Mullen Jr			Director Name Edward F. McGourty		
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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 106	CLASS/SERIES CNP	PAR VALUE 0.01
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 Edward F. McGourty					Date 6/17/24
Signature of Authorized Representative Edward F. McGourty					

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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FORM 630- Revised: 12/2023