



State of Rhode Island
Department of State - Business Services Division

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

Annual Report for the year: 2021

Corporation

2024 JUN 20 PM 1:09

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

| | | | | | |
|--|--------------------|--|---|----------------------------|-------------------------|
| 1. Entity ID Number <u>001658615</u> | | 2. Exact name of the Corporation <u>Mullen & McGourty PC</u> | | | |
| 3. Principal Office Address <u>6 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 Loving 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 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 <u>100</u> | CLASS/SERIES <u>CNP</u> | PAR VALUE <u>.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> | | | | | |

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

FILED

JUN 20 2024

BY YVHN8

FORM 630- Revised. 12/2023