



State of Rhode Island  
Department of State - Business Services Division

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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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<u>100</u>	<u>CNP</u>	<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.					
<b>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.</b>					
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

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FORM 630- Revised. 12/2023

BY YVHN8

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