



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**FILED**

FEB 24 2020 *02*

*31230*

**Annual Report for the year: 2020**  
**Corporation**

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <b>116031</b>		2. Exact name of the Corporation <b>MURPHY'S SERVICE CENTER, INC.</b>			
3. Principal Office Address <b>308 WATERMAN AVENUE</b>			City <b>SMITHFIELD</b>	State <b>RI</b>	Zip <b>02917</b>
4. NAICS Code <b>811111</b>		6. Brief description of the character of business conducted in Rhode Island <b>AUTOMOBILE REPAIRS AND SERVICE</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>MICHAEL MURPHY</b>			Vice-President Name <b>CYNTHIA MURPHY</b>		
Street Address <b>308 WATERMAN AVENUE</b>			Street Address <b>SAME</b>		
City <b>SMITHFIELD</b>	State <b>RI</b>	Zip <b>02917</b>	City	State	Zip
Secretary Name <b>MICHAEL MURPHY</b>			Treasurer Name <b>MICHAEL MURPHY</b>		
Street Address <b>SAME</b>			Street Address <b>SAME</b>		
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 <b>MICHAEL MURPHY</b>			Director Name		
Street Address <b>SAME</b>			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
			100		COMMON
			PAR VALUE		NO PAR
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. <i>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.</i>					
Name of Authorized Representative <b>MICHAEL MURPHY, PRESIDENT</b>				Date <i>2/14/2020</i>	
Signature of Authorized Representative <i>Michael Murphy</i>				SIGN DOCUMENT HERE	

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