	State of Rhode Office of the Secreta Division Of Business 148 W. River S	ary of State s Services
	Providence RI 029	
7636	(401) 222-30	
Limited Liability Partnership Annual Report Filing Period: February 1 - May 1 In accordance with R.I.G.L. 7-12.1-913(e), each partnership failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-12.1-913(c&d)) is subject to a penalty fee of \$25.00.		
ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024 : <u>2024</u>		
1. ID No. <u>000941966</u>		
2. Exact Name of the Partnership Murphy & Fay, LLP		
3. State of Formation		
State: <u>RI</u>		
NAICS CODE		
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.		
<u>541110</u>		
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island LEGAL SERVICES		
5. Principal Office Address		
No. and Street: <u>127 DORRANCE STREET, 2ND FLOOR</u>		
City or Town: PROVIDENCE State: RI Zip: <u>02903</u> Country: <u>USA</u>		
6. The name and business address of one or more partner(s):		
Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
NONE GIVEN - P	WILLIAM J. MURPHY	390 WAKEFIELD STREET WEST WARWICK, RI 02893 USA
NONE GIVEN - P	MARK A. FAY	30 ROMANO COURT EAST GREENWICH, RI 02818 USA
<u>I</u>	1	

7. This report must be executed by an Authorized Representative pursuant to R.I.G.L. 7-12.1-108.

Signed this 31 Day of January, 2024 at 1:02:10 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the partnership, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-12.1*

By <u>/S/ MARK A. FAY</u> Signature of Authorized Person

Form No. 643 Revised 10/23

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