

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2012

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 154935	2. Exact name of the limited liability company Mutual Properties 620 Centerville LLC				
3. State of Formation	Brief description of the character of business conducted in Rhode Island Real Estate				
5. Principal office address One James P. Murphy Highway Suite 200			City West Warwick	State RI	Zip 02893
6. MAILING ADDRESS OF	LIMITED LIABILIT	Y COMPANY AND N	AME OR TITLE OF CONTACT PE	RSON:	
Contact Name Stephen G. Soscia			Contact Title Managing Member		
Street Address One James P. Murphy Highway Suite 200			City West Warwick	State RI	Zip 02893
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADD	RESSES) OF THE LI	MITED LIABILITY COMPANY, IF	APPLICABLE - DO	NOT LIST MEMBERS
Manager Name Stephen G. Soscia			Manager Name		
Street Address One James P. Murp	hy Highway Sເ	ıite 200	Street Address		
City West Warwick	State RI	Zip 02893	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN R	HODE ISLAND		1	L	
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File Date _____

FOR SECRETARY OF STATE USE ONLY

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.

Y ESTATION MAKE
Signature of Authorized Person

8 · 2 3 · /2 Date

Stephen G. Soscia Manager

Print or Type Name of Authorized Person