

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

148 W. River Street, Providence, Rhode Island 02904-2615

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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. 107107	i	2. Exact name of the limited liability company  Mutual Properties Apple Valley 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 <b>02893</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NA Contact Name Stephen G. Soscia			AME OR TITLE OF CONTACT PERSON:  Contact Title  Managing Member			
Street Address One James P. Murphy Highway			City West Warwick	State <b>RI</b>	Zip <b>02893</b>	
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH		RESSES) OF THE LI	MITED LIABILITY COMPANY, IF	APPLICABLE - <b>DO</b>	NOT LIST MEMBERS	
Manager Name Stephen G. Soscia			Manager Name			
Street Address One James P. Murphy Highway Suite 200			Street Address			
City West Warwick	State RI	Zip <b>02893</b>	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN R	HODE ISLAND					
This information is currer	itly of record in the	e Office of the Secret	ary of State. Changes require fil	ing Form 642.		

**FILED** 

SEP 04 2012

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.

Signature of Authorized Person

My Kerber

8-23-/2 Date

Stephen G. Soscia Managing Member

Print or Type Name of Authorized Person