

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2013

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. 152179	2. Exact nar Mutual P	2. Exact name of the limited liability company Mutual Properties 222 Metro LLC				
3. State of Formation	4. Brief des Real Est	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	TY COMPANY AND N	AME OR TITLE OF CONTACT PE	RSON;		
Contact Name Stephen G. Soscia			Contact Title 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		PRESSES) OF THE LI	MITED LIABILITY COMPANY, IF A	APPLICABLE - <u>Do</u>	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 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			111 hours 1911 1911 1911 1911 1911 1911 1911 19	7773377247777777777777777777	
This information is curren	itly of record in the	e Office of the Secret	ary of State. Changes require fili	ing Form 642.		

FILED

AUG 2 1 2013

File Date BY 154	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.	this report, including any accompanying schedules and statements,		
Check No.	Signature of Authorized Person Date	3		
By:	Signature of Authorized Person Date			
FOR SECRETARY OF STATE USE ONLY	Stephen G. Soscia Member	Stephen G. Soscia Member		
FOR SECRETARY OF STATE USE UNIT	Print or Type Name of Authorized Person	Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012