



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

STAMP

Annual Report for the year: 2018
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 000080721		2. Exact name of the Corporation Mutual Development Corporation			
3. Principal Office Address 1 James P. Murphy Highway Suite 200			City West Warwick	State RI	Zip 02893
4. NAICS Code 236210		6. Brief description of the character of business conducted in Rhode Island To engage in the business of building and developing Real Estate			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Stephen G. Soscia			Vice-President Name Patricia N. Soscia		
Street Address 1 James P. Murphy Highway Suite 200			Street Address 1 James P. Murphy Highway Suite 200		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Stephen G. Soscia			Director Name Patricia N. Soscia		
Street Address 1 James P. Murphy Highway Suite 200			Street Address 1 James P. Murphy Highway Suite 200		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		200		Common	1.00
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. 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.					
Name of Authorized Representative Stephen Soscia President					Date 12.13.2017
Signature of Authorized Representative 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

FILED
 DEC 19 2017
 BY 011451