RI SOS Filing Number: 202186115350 Date: 1/12/2021 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

FILED
JAN 12 2021
STAMP
BY 012302

1. Entity ID Number	2. Exact name of the Corporation
000080721	Mutual Development Corporation

3. Principal Office Address	City	State	Zip
1 James P. Murphy Hwy Suite 200	West Warwick	RI	02893

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
236210	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 ☐

President Name	Vice-President Name
Stephen G. Soscia	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 ☐

Director Name	Director Name
Stephen G. Soscia	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

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

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	Date
Stephen Soscia President	12.31.2020

Signature of Authorized Representative
Stephen Soscia Pres

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 08/2020