



State of Rhode Island

Department of State - Business Services Division

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## Renewal of Registration of Limited Liability Partnership

DOMESTIC Limited Liability Partnership

→ Filing Fee: \$50.00

The undersigned, desiring to renew, a limited liability partnership under and by virtue of the powers conferred by RIGL 7-12-56, do execute the following Registration of Limited Liability Partnership:

1. Entity ID Number: <b>001671710</b>		2. The name of the partnership is: <b>Mutual Property Associates, LLP.</b>	
3. The address of the principal office is:			
Street Address <b>One James P. Murphy Hwy Suite 200</b>			
City/Town <b>West Warwick</b>		State <b>RI</b>	Zip Code <b>02893</b>
4. If the partnership's principal office is not located in Rhode Island, the name and address of the initial registered agent/office in Rhode Island is:			
Agent Name			
Street Address (NOT a P.O. Box)			
City/Town		State <b>RHODE ISLAND</b>	Zip Code
5. The name and address of all resident partners is:			
NAME		ADDRESS	
Stephen G. Soscia		63 Pojac Point Road North Kingstown, RI 02852	
Michael A. Gemma		58 Begonia Drive Cranston, RI 02920	
Check this box to indicate an attachment <input type="checkbox"/>			

### MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

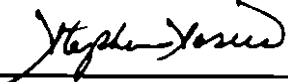
Website: [www.sos.ri.gov](http://www.sos.ri.gov)

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BY SZKNS

6. List the place where the business records of the partnership are maintained; or, if more than one location for business records is maintained, list the principal place of business of the partnership:		
Street Address One James P. Murphy Hwy Suite 200		
City/Town West Warwick	State RI 02893	Zip Code
7. A brief statement of the business in which the partnership is engaged in: To own, manage, lease and/or sell the real property known as Landmark Center 535 Centerville Road Warwick, RI 02886		
8. This application has been executed by a majority in interest of the partners or by one (1) or more partners authorized to execute an application.		
<i>Under penalty of perjury, I/we declare and affirm that I/we have examined this Certificate of Limited Liability Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.</i>		
Type or Print Name of Partner Stephen G. Soscia	Date 1.26.2022	
Signature of Resident Partner 		
Type or Print Name of Partner	Date	
Signature of Resident Partner		
Type or Print Name of Partner	Date	
Signature of Resident Partner		