

State of Rhode Island Department of State - Business Services Division

APR 0 4 2025

BY 113

Annua Report for the year: Limited Liability Company

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

2025

1. Entity	/ ID Number	2. Exact name of the Limited Liability Company			
0017	16684	Mutual Properties 80 Cypress LLC.			
3. NAIO 53112		Brief description of the character of business conducted in Rhode Island Real Estate			
1	of Formation Island				
6. Princ	pal Office Address		City	State	Zip
One J	ne James P. Murphwy Highway Suite 200		West Warwick	RI	02893
7. Mailir	ng Address of Limited	Liability Company and Name or Title	of Contact Person		· · · · · · · · · · · · · · · · · · ·
Contact	Name Stephen G. Soscia		Contact Title Member		
One James P. Murphy Hwy Suite 200		City West Warwick	State RI	^{Zip} 02893	
8. The F	tesident Agent inform	ation currently of record with the RI I	Department of State is accurate	e. Changes require	e filing Form 642.
		I declare and affirm that I have extements contained herein are true		any accompany	ring schedules and
	ame of Authorized Person			Date	
Marille O	Stephen G. Soscia Managing Member			3.12.2025	

MAIL TO:

Division of Business Services

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