



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

- Filing period: February 1 - May 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED
 APR 04 2025
 BY 15354 *bl*

1. Entity ID Number 000080721		2. Exact name of the Corporation Mutual Development Corporation												
3. Principal Office Address One James P. Murphy Hwy 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 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 One James P. Murphy Highway Suite 200			Street Address One James P. Murphy Hwy 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 One James P. Murphy Highway Suite 200			Street Address One James P. Murphy Hwy 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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>200</td> <td>Common</td> <td>1.00</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	200	Common	1.00			
		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 3.12.2025									
Signature of Authorized Representative <i>Stephen Soscia</i>														

MAIL TO:

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