RI SOS Filing Number: 202569258650 Date: 4/4/2025 4:00:00 PM

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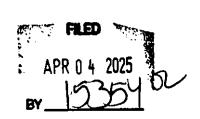
State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

→ Filing period: February 1 - May 1 → Filing Fee: \$50.00



	I \$25,00 fee if form is not filed by May 31.							
1, Entity ID Number		2. Exact name of the Corporation						
000080721	Mutual Development Corporation							
3. Principal Office Address			City		State		Zip	
One James P. Murphy Hwy Suite 200			1	Warwick	RI		02893	
4. NAICS Code		6. Brief description of the character of business conducted in Rhode Island						
236210	To engage	To engage in the business and developing Real Estate						
5. State of Incorporation	7							
Rhode Island								
7. List ALL officers (names and ad	dresses)			Check the	box to indica	ate an att	achment 🗆	
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 F	State RI Zip 0289		
Secretary Name	<u> </u>	Treasurer Name			. •			
Street Address			Street Address					
City	State	Zip	City		State	State		
8. List ALL directors (names and a	ddresses)				L box to indic	ate an att	achment 🔲	
Director Name Stephen G. Soscia			Director Na	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 R	State RI Zip 02893		
Director Name			Director Na		•			
Street Address			Street Add	Street Address				
City	State	Zip	City	City			Zip	
9. Shares Authorized	I	10. Shares Issue	d Check the box to indicate an attachment			tachment \square		
This Information is currently of record in the Department of State. Changes require an additional filing.							PAR VALUE	
		200		Common	1.00			
				 				
11. This report must be executed of	on behalf of the o	orporation by an aut	horized rec	resentative. If the co	rporation is in	n the hand	ds of a re-	
ceiver or trustee, this report must I	be executed on b	ehalf of the corporal	tion by the	receiver or trustee.				
Under penalty of perjury, I decia statements, and that all stateme				π, including any acc	ompanying	schedule	s and	
statements, and that all statements contained herein are true and correct. Name of Authorized Representative					Date	Date		
Stephen Soscia President					3.	3.12.2025		
Signature of Authorized Represen								
Ottephon Sound to	Pus							
MAII TO:								

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.n.gov