

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK * in accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(cod)) is subject to a penalty fee of \$25.00.

1. Corporate ID No.	***	<u> </u>							
296		2. Name of Corporation ACCESS DEVELOPMENT CORPORATION							
3. Street Address Principal Busi	Street Address Principal Business Office			State	Zip				
10 BUCK THORNE AVENUE			City RIVERSIDE	RI	02915				
4. Business Phone No.									
434–3465 RHODE ISLAND			·						
6. Brief Description of the Char	acter of Business Conducted	in Rhode Island	1-1	•					
ARCHITECTS 7 NAMES AND ADDRES	S SSES OF THE OFFICE	RS: ("X" BOX FOR AT	<i>TACHMENT</i>) [] FILL IN §	SPACES BEFORE USING	ativensients				
President Name	THE REPORT OF THE PROPERTY OF		ичестиськая принценты больно принценты и принценты принценты принценты принценты принценты принценты принценты Vice President Name						
JOSEPH DEI	LVECCHIO		NONE						
Street Address			Street Address						
10 BUCK TE	HORNE AVENUE								
City	State	Ζip	City	State	Zip				
RIVERSIDE	RI	02915		,					
Seletary Name	Sewetary Name			Treasurer Name					
CHRISTINA A. S. DELVECCHIO			CHRISTINA A. S. DELVECCHIO						
Street Address			Street Address						
10 BUCK TH	10 BUCK THORNE AVENUE			10 BUCK THORNE AVENUE					
City	State	Zip	City	State	Zip				
RIVERSIDE	RI	02915	RIVERSIDE	l RI	02915				
	SES OF THE DIRECT	ORS: ("X" BOX FOR /	(<i>ITTACHMENT</i>) 🗌 FILL IN	SPACES BEFORE USIN	G ATTACHMENTS				
Director Name JOSEPH DEL	VECCHIO		Director Name						
	VECCIIIO		NONE						
Street Address	ORNE AVENUE		Street Address						
		I m		l av .	Inc.				
City	State	Zip	City	State	Zip				
RIVERSIDE	l RI	02915							
Director Name			Director Name						
NONE			NONE						
Street Address			Street Address						
City	State	Zip	City	State	Zip				
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This report must be exec	uted on behalf of the	corporation by an author	ized representative. If the c	orporation is in the hands	of a receiver or trustee,				

this report must be executed on behalf of the corporation by the receiver or trustee.

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Under penalty of perjury, I declare and affire including any accompanying schedules and	
contained herein are true and correct.	/ i
Sanh A XXVIII	2/11/08
Signature	Date
OSEPH DELVECCHIO	
Print or Type Name	
PRESIDENT	