



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2015**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.
 Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 296		2. Exact name of the Corporation ACCESS DEVELOPMENT CORPORATION			
3. Principal office address 10 BUCK THORNE AVENUE			City RIVERSIDE	State RI	Zip 02915
4. Business Phone No. (401) 434-3465			5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island ARCHITECTS					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name JOSEPH DELVECCHIO			Vice-President Name NONE		
Street Address 10 BUCK THORNE AVENUE			Street Address		
City RIVERSIDE	State RI	Zip 02915	City	State	Zip
Secretary Name JOSEPH DELVECCHIO			Treasurer Name JOSEPH DELVECCHIO		
Street Address 10 BUCK THORNE AVENUE			Street Address 10 BUCK THORNE AVENUE		
City RIVERSIDE	State RI	Zip 02915	City RIVERSIDE	State RI	Zip 02915
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name JOSEPH DELVECCHIO			Director Name NONE		
Street Address 10 BUCK THORNE AVENUE			Street Address		
City RIVERSIDE	State RI	Zip 02915	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			50	COMMON	NO PAR VALUE

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.

File Date _____

Check No _____

By: _____

FILED

JAN 29 2015

BY _____

8081

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.

Joseph DelVecchio _____ 1/19/15
 Signature of Authorized Representative Date

JOSEPH DELVECCHIO, PRESIDENT

Print or Type Name of Authorized Representative