



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2016 2017
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 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. NAICS Code 54 - Professional, Scientific, an		6. Brief description of the character of business conducted in Rhode Island ARCHITECTS			
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 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) Check the box to indicate an 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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES		PAR VALUE
			100	Common	No Par Value
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 JOSEPH DELVECCHIO, President				Date 1/24/17	
Signature of Authorized Representative <i>Joseph DelVecchio</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

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