



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

**FILED**

FEB 15 2019

BY 296

Annual Report for the year: **2019**

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 <b>296</b>		2. Exact name of the Corporation <b>ACCESS DEVELOPMENT CORPORATION</b>			
3. Principal Office Address <b>10 BUCK THORNE AVENUE</b>			City <b>RIVERSIDE</b>	State <b>RI</b>	Zip <b>02915</b>
4. NAICS Code <b>541310</b>		6. Brief description of the character of business conducted in Rhode Island <b>ARCHITECTS</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>JOSEPH DELVECCHIO</b>			Vice-President Name <b>NONE</b>		
Street Address <b>10 BUCK THORNE AVENUE</b>			Street Address		
City <b>RIVERSIDE</b>	State <b>RI</b>	Zip <b>02915</b>	City	State	Zip
Secretary Name <b>JOSEPH DELVECCHIO</b>			Treasurer Name <b>JOSEPH DELVECCHIO</b>		
Street Address <b>10 BUCK THORNE AVENUE</b>			Street Address <b>10 BUCK THORNE AVENUE</b>		
City <b>RIVERSIDE</b>	State <b>RI</b>	Zip <b>02915</b>	City <b>RIVERSIDE</b>	State <b>RI</b>	Zip <b>02915</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>JOSEPH DELVECCHIO</b>			Director Name <b>NONE</b>		
Street Address <b>10 BUCK THORNE AVENUE</b>			Street Address		
City <b>RIVERSIDE</b>	State <b>RI</b>	Zip <b>02915</b>	City	State	Zip
Director Name <b>NONE</b>			Director Name <b>NONE</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>50</b>		<b>COMMON</b>	<b>NO PAR VALUE</b>
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					
<b>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.</b>					
Name of Authorized Representative <b>JOSEPH DELVECCHIO, President</b>				Date <b>2/4/19</b>	
Signature of Authorized Representative <i>Joseph A. DelVecchio</i>				SIGN DOCUMENT HERE	

MAIL TO  
 Division of Business Services  
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 Website: www.sos.ri.gov