RALPH MOIL	State of Rhode Island and Pro Office of the Secreta	
	Corporations Div	vision
	148 W. River S	Street
And And	Providence, Rhode Island	
Petary of St	Telephone: (401) 22	22-3040
Limited Liability Co	mpany	
Annual Report Filing Period: September	1 - November 1	
	L. 7-16-66(d), each limited liability com	
	n thirty (30) days after the time prescribe o a penalty fee of \$25.00.	ed by law (R.I.G.L.
ANNUAL REPORT YEA		
1. ID No. 00012708		
2. Exact Name of the	Limited Liability Company <u>Access T</u>	itle, LLC
3. State of Formation		
State: <u>RI</u>		
ESCROW SERVICES	, TITLE SERVICES, TITLE INSUR	ANCE FOR REAL ESTATE
5. Principal Office Add	ress	
No. and Street: <u>117 N</u>	IETRO CENTER BOULEVARD	
	<u>E 2001</u>	
City or Town: WAR	<u>RWICK</u>	State: <u>RI</u> Zip: <u>02886</u> Country: <u>USA</u>
6. Mailing Address of I	imited Liability Company and Name	e or Title of Contact Person:
	EL W. FAVICCHIO Contact Title:	
	METRO CENTER BOULEVARD	
	<u>E 2001</u> RWICK	State: RI Zip: 02886 Country: USA
·	of Each Manager of the Limited Liab	
Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
1	*	
	RHODE ISLAND - DO NOT ALTER	
Changes Require Fill	ng of Form 642 - R.I.G.L. 7-16-11	

MICHAEL W. FAVICCHIO, ESQ. 1200 RESERVOIR AVENUE CRANSTON , RI 02920-

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 7 Day of October, 2008 at 11:05:33 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By MICHAEL W. FAVICCHIO

Signature of Authorized Person

Form No. 632 Revised 09/07

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