



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

[Click here for instruction page](#)

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2008

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 118767		2. Exact name of the limited liability company Access America, LLC			
3. State of Formation Connecticut		4. Brief description of the character of the business which is actually conducted in Rhode Island Real Estate			
5. Principal office address 449 Silas Dean Highway			City Weathersfield	State CT	Zip 06109
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name John M. Zubretsky, Jr.			Contact Title President		
Street Address 449 Silas Dean Highway			City Weathersfield	State CT	Zip 06109
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name John M. Zubretsky, Jr.			Manager Name		
Street Address 449 Silas Dean Highway			Street Address		
City Weathersfield	State CT	Zip 06109	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name Arthur G. Capaldi, Esq.			Address		
Address 1035 Main Street			City Coventry	Zip 02816	

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

File Date **FILED**
Check No. **OCT 30 2008**
By: **4383**
FOR SECRETARY OF STATE USE ONLY

Signature of Authorized Person
Date **9/17/08**
John M. ZUBRETSKY, JR
Print or Type Name of Authorized Person