



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

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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	City	State
Zip 06109		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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).

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

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.

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