



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

2013

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 120037		2. Exact name of the Corporation Access New England, Inc.	
3. Principal office address PO Box 4146		City Middletown	State RI
		Zip 02842	
4. Business Phone No. 401-842-0777		5. State of Incorporation RI	
6. Brief description of the character of business conducted in Rhode Island TOWERS + TRANSPORTATION			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name Edward Brassano		Vice-President Name Joseph Conte	
Street Address 169 Jewett St.		Street Address 28 Dover St	
City Providence	State RI	City Providence	State RI
Zip 02908		Zip 02908	
Secretary Name William DeCesare		Treasurer Name	
Street Address 171 Hollyridge Lane		Street Address	
City W. Kingston	State RI	City	State
Zip 02871		Zip	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name Edward Brassano		Director Name William DeCesare	
Street Address 169 Jewett St #3		Street Address 171 Hollyridge Lane	
City Providence	State RI	City W. Kingston	State RI
Zip 02908		Zip 02871	
Director Name Joseph Conte		Director Name	
Street Address 28 Dover St.		Street Address	
City Providence	State RI	City	State
Zip 02908		Zip	
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		NUMBER OF SHARES	CLASS/SERIES
		0	
		PAR VALUE	

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.

FILED

MAY 29 2013

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 Representative

Date

Edward Brassano
Print or Type Name of Authorized Representative

File Date

Check No

By:

FOR SECRETARY OF STATE USE