



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

2012

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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 596 PHENIX Ave		City CRANSTON	State RI	Zip 02921	
4. Business Phone No. (401) 842-0777		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island TOURS					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
President Name BURT JAGOLINZER			Vice-President Name NANCY PARENTI		
Street Address 596 PHENIX Ave			Street Address 596 PHENIX Ave		
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02921
Secretary Name			Treasurer Name BURT JAGOLINZER		
Street Address			Street Address 596 PHENIX Ave		
City	State	Zip	City CRANSTON	State RI	Zip 02921
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
Director Name NANCY PARENTI			Director Name		
Street Address 596 PHENIX Ave			Street Address		
City CRANSTON	State RI	Zip 02921	City	State	Zip
Director Name BURT JAGOLINZER			Director Name		
Street Address 596 PHENIX Ave			Street Address		
City CRANSTON	State RI	Zip 02921	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
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	PAR VALUE
			0		

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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.

File Date
 Check No
 By: *[Signature]*
 FOR SECRETARY OF STATE USE ONLY

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] 5/1/13
 Signature of Authorized Representative Date
 BURT JAGOLINZER
 Print or Type Name of Authorized Representative

[Handwritten] 29-198105