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

Fee: $20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Foreign Non-Profit Annual Report

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of $25.00.

ANNUAL REPORT YEAR: 2014

1. Corporate ID No. 000582493

2. Name of Corporation Access Counseling, Inc.

3. State of Incorporation

State: DE

4. Corporate Address in Rhode Island

No. and Street: C/O NATIONAL REGISTERED AGENTS, INC.
450 VETERANS MEMORIAL PKWY, STE 7A
City or Town: EAST PROVIDENCE State: RI Zip: 02914 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 633 W FIFTH ST STE 26001

City or Town: LOS ANGELES State: CA Zip: 90071 Country: USA

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO PROVIDE TRAINING AND EDUCATION CONCERNING DEBT AND CREDIT AND PROBLEMS THERETO

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	GARY JEMELIAN	633 WEST FIFTH STREET, SUITE 26001 LOS ANGELES, CA 90071 USA
SECRETARY	ALBERTO DUARTE	633 W FIFTH ST STE 26001 LOS ANGELES, CA 90071 USA
VICE PRESIDENT	ALBERTO DUARTE	633 W FIFTH ST STE 26001 LOS ANGELES, CA 90071 USA

DIRECTOR	GARY JEMELIAN	633 W FIFTH ST STE 26001 LOS ANGELES, CA 90071 USA
DIRECTOR	ROBERT MOORE	633 W FIFTH ST STE 26001 LOS ANGELES, CA 90071 USA
DIRECTOR	KAREN HUNT	633 W FIFTH ST, SUITE 26001 LOS ANGELES, CA 90071 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

NATIONAL REGISTERED AGENTS, INC. 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST PROVIDENCE , RI 02914

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 2 Day of December, 2014 at 10:32:49 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 § 7-6.*

By ALBERTO DUARTE
Signature of Authorized Person

Form No. 631
Revised 09/07

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