



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

**Non-Profit Corporation
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: 2015

1. Corporate ID No. 000136784

2. Name of Corporation Access 2 Adventure

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 15 JACQUELINE WAY

City or Town: TIVERTON

State: RI Zip: 02878 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

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

TO IMPROVE THE QUALITY OF LIFE FOR PERSONS WITH PHYSICAL DISABILITIES IN SOUTHERN NEW ENGLAND THROUGH SPORTS, RECREATION AND ADVENTURE TRAVEL.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	ERIN BEAN	57 CLIFF DR. BRISTOL, RI 02809 USA
SECRETARY	SARAH SKEELS	15 JACQUELINE WAY

		TIVERTON, RI 02878 USA
VICE PRESIDENT	JENNY CATRAMBONE	200 POST RD.#404 WARWICK, RI 02888 USA
PRESIDENT	BRIAN SKEELS	15 JACQUELINE WAY TIVERTON, RI 02878- USA
DIRECTOR	DAVID EVERHART	2375 SOUTH SHORE DR. DELAVAN, WI 53115 USA
DIRECTOR	ELIZABETH MCGLAUPHLIN	P.O. BOX 175 OLD SAYBROOK, CT 06475 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**

BRIAN SKEELS 15 JACQUELINE WAY TIVERTON , RI 02878

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

Signed this 29 Day of June, 2015 at 1:26:39 PM 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 BRIAN SKEELS
Signature of Authorized Person

Form No. 631
Revised 09/07

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