



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: 2016

1. Corporate ID No. 000091581

2. Name of Corporation All Citizens Committed to Ending Secrecy Within Our State (ACCESS/RI)

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 282 DOYLE AVENUE

City or Town: PROVIDENCE

State: RI

Zip: 02906

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

WORK WITH ALL INTERESTED ORGANIZATIONS AND CITIZENS FROM ALL WALKS OF LIFE TO MOVE OPEN GOVERNMENT TO THE TOP OF RHODE ISLAND'S PUBLIC POLICY AGENDA.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	Address
PRESIDENT	LINDA LOTRIDGE LEVIN	282 DOYLE AVE PROVIDENCE, RI 02906 USA
DIRECTOR	STEVEN BROWN	128 DORRANCE STREET

		PROVIDENCE, RI 02903 USA
DIRECTOR	JOHN MARION	245 WATERMAN ST PROVIDENCE, RI 02906 USA
DIRECTOR	JANE KOSTER	449 W. REACH DRIVE JAMESTOWN, RI 02835 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**

JOSEPH V. CAVANAGH JR. BLISH & CAVANAGH 30 EXCHANGE TERRACE PROVIDENCE , RI 02903

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

Signed this 7 Day of June, 2016 at 4:01:18 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 LINDA LOTRIDGE LEVIN
Signature of Authorized Person

Form No. 631
Revised 09/07

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