



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by April 1.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2017 AUG 30 AM 10:49

1. Entity ID Number 001659847		2. Exact name of the Corporation ACCESS REALTY INC			
3. Principal Office Address 225 PROVIDENCE ST			City WEST WARWICK	State RI	Zip 02893
4. NAICS Code 53 - Real Estate and Rental		6. Brief description of the character of business conducted in Rhode Island Real State			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name DOUGLAS LOPEZ			Vice-President Name		
Street Address 225 PROVIDENCE ST			Street Address		
City WEST WARWICK	State RI	Zip 02893	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES		CLASS/SERIES	
		PAR VALUE			
		500		1.00	
11. 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.					
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.					
Name of Authorized Representative DOUGLAS LOPEZ					Date
Signature of Authorized Representative <i>[Signature]</i>					

FILED

AUG 30 2017

BY CU 311360