

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018

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→ Filing period: January 1 - March 1

Corporation

Filing Fee: \$50.00

Penalty: Additional \$2	5.00 fee if form is r	not filed by April 1.		2018 OCT 3 1 AM II	0: 11	
1. Entity ID Number 001659847		2. Exact name of the Corporation ACCESS REALTY INC				
3. Principal Office Address			City	State	Zip	
225 PROVIDENCE ST			WEST WARWICK	RI	02893	
4. NAICS Code	6. Brief desc	cription of the chara-	cter of business conducted	in Rhode Island	L	
531110	REAL STA	REAL STATE				
5. State of Incorporation						
RI						
7. List ALL officers (names a	nd addresses)		<u> </u>	Check the box to inc	dicate an attachment	
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 in-	dicate an attachment	
Director Name		<u>.</u>	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.		10. Shares Iss	sued	Check the box to inc	dicate an attachment	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER O	F SHARES	CLASS/SERIES PAR VALUE		
		• 500			1,00	
					·····	
11. This report must be exec	uted on behalf of the	corporation by an	authorized representative.	If the corporation is in th	e hands of a receiver or	
<u>trustee, this report must be e</u>	xecuted on behalf o	f the corporation by	the receiver or trustee.			
Under penalty of perjury, I statements, and that all sta	deciare and aπirm Itements contained	tnat i have examin I herein are true ar	ed this report, including	any accompanying sch	nedules and	
Name of Authorized Represe	entative			Date ,	,	
DOUGLAS LOPEZ				10/7	73/2-018	
Signature of Authorized Repr	esentative	SIGN DO	CUMENT HERE FI	LED	1	
	V //			n	<u> </u>	
fAIL TO:			DCT	3 1 2018		

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017