RI SOS Filing Number: 202566349900 Date: 2/26/2025 4:00:00 PM The state of the state of

State of Rhode Island

## **Department of State - Business Services Division**

Annual Report for the year: 2025 Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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	BY 6 2025

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1. Entity ID Number		2. Exact name of the Corporation						
296	ACCES	S DEVELOP	MENT CO	RPORATION				
3. Principal Office Address			City		State	Zip		
10 Buck Thorne Avenue			Riverside	<u> </u>	RI	02915		
4. NAICS Code	6. Brief desc	6. Brief description of the character of business conducted in Rhode Island						
541310	Architect	Architects						
5 State of Incorporation	$\dashv$							
RI								
7. List ALL officers (names an	nd addresses)			Check	the box to it	ndicate an attachment		
President Name Joseph Delvecchio			Vice-President Name None					
Cleant Address		Street Address						
TO BUCK I'I		Check Address						
<sup>City</sup> Riverside	State RI	<sup>Z<sub>1</sub>p</sup> 02915	City		State	Zıp		
Secretary Name Joseph Delvecchio			Treasurer Name Joseph Delvecchio					
Street Address 10 Buck Thorne Avenue			Street Address 10 Buck Thorne Avenue					
<sup>Cıty</sup> Riverside	State RI	<sup>Zip</sup> 02915	City Riverside		State RI	<sup>Z<sub>ip</sub></sup> 02915		
List ALL directors (names and addresses)			Chaptetha have to indicate an establishment					
Director Name Joseph Delvecchio			Director Name None					
<u>-</u>			Street Address					
Street Address 10 Buck Tho	rne Avenue		Oli COL Mudi Bas	•				
Riverside	State RI	<sup>Zip</sup> 02915	City		Stale	Zıp		
Director Name None			Director Name None					
Street Address			Street Address					
City	State	Zip	City		State	Zip		
9. Shares Authorized		10. Shares Iss	ares Issued C		Check the box to indicate an attachment			
This information is currently of record in the		NUMBER OF	NUMBER OF SHARES		CLASS/SERIES PAR VALUE			
Department of State. Changes require an additional filing.		50		Common		No Par Value		
11. This report must be execu	ited on behalf of the	corporation by an a	uthorized repres	tsentative. If the corpo	ration is in t	the hands of a receiver or		
trustee, this report must be ex	<u>kecuted on behalf of</u>	f the corporation by	the receiver or tr	ustee.				
Under penalty of perjury, I c statements, and that all sta	declare and affirm tements contained	that i have examine I herein are true an	ed this report, is d correct	ncluding any accom	panying s	chedules and		
Name of Authorized Represe	ntative				Date	1.1.		
Joseph Delvecchio	. <u> </u>				02	2/11/2025		
Signature of Authorized Representation	esentative					<del>                                     </del>		
7	· INUM			<del></del>				

MAIL TO: Division of Business Services

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

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