



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

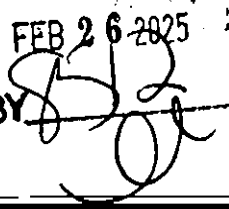
→ Filing period: February 1 - May 1

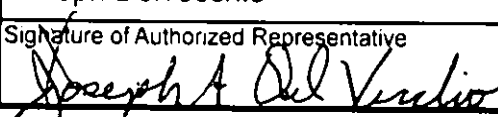
→ Filing Fee: \$50.00

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

FILED

FEB 26 2025

BY 

1. Entity ID Number 296		2. Exact name of the Corporation ACCESS DEVELOPMENT CORPORATION			
3. Principal Office Address 10 Buck Thorne Avenue		City Riverside		State RI	Zip 02915
4. NAICS Code 541310		6. Brief description of the character of business conducted in Rhode Island Architects			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Joseph Delvecchio			Vice-President Name None		
Street Address 10 Buck Thorne Avenue			Street Address		
City Riverside	State RI	Zip 02915	City	State	Zip
Secretary Name Joseph Delvecchio			Treasurer Name Joseph Delvecchio		
Street Address 10 Buck Thorne Avenue			Street Address 10 Buck Thorne Avenue		
City Riverside	State RI	Zip 02915	City Riverside	State RI	Zip 02915
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Joseph Delvecchio			Director Name None		
Street Address 10 Buck Thorne Avenue			Street Address		
City Riverside	State RI	Zip 02915	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued		CLASS/SERIES	
		NUMBER OF SHARES	50	Common	No Par Value
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 Joseph Delvecchio				Date 02/11/2025	
Signature of Authorized Representative 					

MAIL TO:

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: 11/2021