State of Rhode Island
Department of State - Business Services Division

FILED
FEB 26 2025
BY

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.

1. Entity ID Number	2. Exact name of the Corporation
296	ACCESS DEVELOPMENT CORPORATION

3. Principal Office Address	City	State	Zip
10 Buck Thorne Avenue	Riverside	RI	02915

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
541310	Architects
5. State of Incorporation: RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Joseph Delvecchio	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	Director Name
Joseph Delvecchio	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	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	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	Date
Joseph Delvecchio	02/11/2025

Signature of Authorized Representative: Joseph A Del Vecchio

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