

**2018 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000005278

**Entity Name:** PROVIDE ACCESS, INC.

**Current Principal Place of Business:**

256 MARGINAL STREET  
BLDG 17B  
BOSTON, MA 02128

**Current Mailing Address:**

P.O. BOX 410164  
CAMBRIDGE, MA 02141 US

**FEI Number: 04-3298538**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

INCORP SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title C  
Name ZUREK, MELANIE  
Address PO BOX 410164  
City-State-Zip: CAMBRIDGE MA 02141

Title D  
Name BOURNE, KATHERINE  
Address PO BOX 410164  
City-State-Zip: CAMBRIDGE MA 02141

Title D  
Name STEIN, FRANCINE  
Address PO BOX 410164  
City-State-Zip: CAMBRIDGE MA 02141

Title S  
Name FUJIO, CHRISTY  
Address PO BOX 410164  
City-State-Zip: CAMBRIDGE MA 02141

Title T  
Name O'DOHERTY, MARY  
Address PO BOX 410164  
City-State-Zip: CAMBRIDGE MA 02141

Title D  
Name KLAUSMEIER, WALTER  
Address PO BOX 410164  
City-State-Zip: CAMBRIDGE MA 02141

Title D  
Name TAYLOR, JAMILA  
Address PO BOX 410164  
City-State-Zip: CAMBRIDGE MA 02141

Title D  
Name PELLEGRAM, DAN  
Address PO BOX 410164  
City-State-Zip: CAMBRIDGE MA 02141

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: MELANIE ZUREK**

**EXECUTIVE DIRECTOR**

**01/12/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           FARRELL, BETTY  
Address        P.O. BOX 410164  
City-State-Zip: CAMBRIDGE MA 02141

Title           DIRECTOR  
Name           DIETRICH, SARAH  
Address        P.O. BOX 410164  
City-State-Zip: CAMBRIDGE MA 02141