

2019 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F16000005278

FILED
Jan 21, 2019
Secretary of State
3694993732CC

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

01/21/2019

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