



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 156672		2. Name of Corporation Language Line Services, Inc.			
3. Street Address Principal Business Office One Lower Ragsdale Drive, Bldg. 2			City Monterey	State CA	Zip 93940
4. Business Phone No. (831) 648-7171		5. State of Incorporation Delaware			
6. Brief Description of the Character of Business Conducted in Rhode Island Language Interpretation Services					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Louis Provenzano			Vice President Name None		
Street Address One Lower Ragsdale Drive, Bldg. 2			Street Address		
City Monterey	State CA	Zip 93940	City	State	Zip
Secretary Name Michael Schmidt			Treasurer Name Michael Schmidt		
Street Address One Lower Ragsdale Drive, Bldg. 2			Street Address One Lower Ragsdale Drive, Bldg. 2		
City Monterey	State CA	Zip 93940	City Monterey	State CA	Zip 93940
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Dennis Dracup			Director Name Louis Provenzano		
Street Address One Lower Ragsdale Drive, Bldg. 2			Street Address One Lower Ragsdale Drive, Bldg. 2		
City Monterey	State CA	Zip 93940	City Monterey	State CA	Zip 93940
Director Name Michael Schmidt			Director Name None		
Street Address One Lower Ragsdale Drive, Bldg. 2			Street Address		
City Monterey	State CA	Zip 93940	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000,000 COMM \$.001 PAR VALUE			1,000	Common	\$.001 per share

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.

File Date	FILED
Check No.	FEB 25 2008
By:	By 19716
FOR SECRETARY OF STATE USE ONLY	

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.

Signature

Date

Michael Schmidt

Print or Type Name

Secretary

Title