RI SOS Filing Number: 200951548970 Date: 09/21/2009 4:00 PM

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2009

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of $25.00.

1. ID No.	2. Exact name of the limited liability company		
157266	RHODE ISLAND INTERPRETING SERVICE LLC		
3. State of Formation: R.I	4. Brief description of the character of the business which is actually conducted in Rhode Island: PROVIDING LANGUAGE TRANSLATION BOTH WRITTEN AND ORAL		
5. Principal office address: 25 TOWANDA DRIVE	City: NORTH PROVIDENCE	State: R.I	Zip: 02911

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title		
ROSARIO ROSENTHAL	OWNER		
Street Address: 25 TOWANDA DRIVE	City: NORTH PROVIDENCE	State: R.I	Zip: 02911

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Street Address	City	State	Zip
ROSARIO ROSENTHAL	25 TOWANDA DRIVE	NORTH PROVIDENCE	R.I	02911
EDWIN B. COTTLE IV	25 TOWANDA DRIVE	NORTH PROVIDENCE	R.I	02911

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	City	Zip

2009 SEP 21 PM 4:08

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

FILED
SEP 21 2009

[redacted]

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

29-99338

38345-9-337243

[redacted]

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.

Rosario Rosenthal 9/21/09
Signature of Authorized Person *Date*

ROSARIO ROSENTHAL
Print or Type Name of Authorized Person

Form 632 Rev. 07/07