



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2014**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 101834		2. Exact name of the Corporation HORTON INTERPRETING SERVICES, INC.			
3. Principal office address 225 CHAPMAN STREET- SUITE 303			City PROVIDENCE	State RI	Zip 02905
4. Business Phone No. 401-331-4798		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island TO PROVIDE VOICE AND WRITTEN TRANSLATION SERVICES TO COURTS, HOSPITALS, SOCIAL SERVICE AGENCIES, BUSINESSES, ETC.					
7. ALL OFFICERS, NAMES AND ADDRESSES <input type="checkbox"/>					
President Name JUANA I. HORTON			Vice-President Name NONE		
Street Address 225 CHAPMAN STREET - SUITE 303			Street Address		
City PROVIDENCE	State RI	Zip 02905	City	State	Zip
Secretary Name JUANA I. HORTON			Treasurer Name JUANA I. HORTON		
Street Address 225 CHAPMAN STREET- SUITE 303			Street Address 225 CHAPMAN STREET- SUITE 303		
City PROVIDENCE	State RI	Zip 02905	City PROVIDENCE	State RI	Zip 02905
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name NONE			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	COMMON	\$.01

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 SECRETARY OF STATE
 CORPORATIONS DIV

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 _____

Check No _____

By: _____

FILED

JAN 23 2014

FOR SECRETARY OF STATE USE ONLY

By 49-215476

A.A.

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.

Juana I. Horton
 Signature of Authorized Representative _____ Date _____

JUANA I. HORTON
 Print or Type Name of Authorized Representative _____