RI SOS Filing Number: 201730400760 Date: 01/17/2017 1:19 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2016
Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

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R.I. SECRETARY OF STATE

1. Entity ID Number	2. Exact name of the Corporation		
110505	Narragansett Translations & Interpreting, Inc		
3. Principal Office Address: 115 Paine Avenue	City: Cranston	State: RI	Zip: 02910
4. NAICS Code: 81	6. Brief description of the character of business conducted in Rhode Island: Foreign Language Interpretation + Translation Services To and From English into 20+ Languages		
5. State of Incorporation: RI			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Suzanne A Janke			Vice-President Name: Suzanne A Janke		
Street Address: 115 Paine Avenue			Street Address: 115 Paine Avenue		
City: Cranston	State: RI	Zip: 02910	City: Cranston	State: RI	Zip: 02910
Secretary Name: John D. Jones			Treasurer Name: Suzanne A Janke		
Street Address: 4 Buck Hill Road			Street Address: 115 Paine Avenue		
City: Johnston	State: RI	Zip: 02919	City: Cranston	State: RI	Zip: 02910

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			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 — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.			

11. 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.

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.

Name of Authorized Representative: Suzanne A Janke — Date: 01-12-2017

Signature of Authorized Representative: SIGN DOCUMENT HERE Suzanne A Janke

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BY 297367

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2016