



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

Annual Report for the year: 2017
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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 BUS SVCS DIV

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1. Entity ID Number 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. NAICS Code 54 - Professional, Scientific, an		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.			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <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 02903	City PROVIDENCE	State RI	Zip 02903
8. List ALL directors (names and addresses) Check the box to indicate an 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 This information is currently of record in the Department of State.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
Changes require an additional filing.			NUMBER OF SHARES 100	CLASS/SERIES COMMON	PAR VALUE \$.01
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 JUANA I. HORTON				Date 2/21/2017	
Signature of Authorized Representative FILED ←					

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

MAR 15 2017

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