RI SOS Filing Number: 201858309680 Date: 2/14/2018 4:00:00 PM

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

Annual Report for the year: 2018
Corporation

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

1. Entity ID Number	2. Exact name of the Corporation			
000158475	Powell Interpreting Services INC			
3. Principal Office Address	1285 Hartford Ave	City Johnston	State R.I.	Zip 02919
4. NAICS Code 812990	6. Brief description of the character of business conducted in Rhode Island: interpreting for hospitals & Clinics in Communities			
5. State of Incorporation RI				

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

President Name	Helena Pawoh		Vice-President Name	Vesta Grant	
Street Address	1285 Hartford Ave. 10		Street Address	174 Marlow St.	
City	Johnston	State R.I. Zip 02919	City	Cranston,	State R.I. Zip 02920
Secretary Name	Joetta Tarlue		Treasurer Name		
Street Address	527 Dexter St.		Street Address		
City	Providence	State RI Zip 02906	City		State Zip

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

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE

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: Helena Pawoh — Date: 2/14/18

Signature of Authorized Representative: Hpawoh — SIGN DOCUMENT HERE

FILED
FEB 14 2018
BY 2595 DS

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: 02/2017