



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 110505		2. Name of Corporation NARRAGANSETT TRANSLATIONS & INTERPRETING, INC		
3. Street Address (Principal Business Office) 32 East Avenue		City Pawtucket		State RI
4. Business Phone No. 401-722-1222		5. State of Incorporation RHODE ISLAND		6. SIC Code 7880
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF INTERPRETATION AND TRANSLATION.				
8. NAMES AND ADDRESSES OF THE OFFICERS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name → 131 ALEXANDER ST		Vice President Name SANDRA A MORRA		
Street Address SANDRA A MORRA		Street Address 131 ALEXANDER ST		
City CRANSTON	State RI	Zip 02910	City CRANSTON	State RI
Secretary Name SANDRA A MORRA		Treasurer Name SANDRA A MORRA		
Street Address 131 ALEXANDER ST		Street Address 131 ALEXANDER ST		
City CRANSTON	State RI	Zip 02910	City CRANSTON	State RI
9. NAMES AND ADDRESSES OF THE DIRECTORS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name SANDRA A MORRA		Director Name		
Street Address 131 ALEXANDER ST		Street Address		
City CRANSTON	State RI	Zip 02910	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
300 NO PAR VALUE			300	
				\$0

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 2/11/05
Check No.: 3477
By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer: SANDRA A MORRA
Date: 1/3/05
Print or Type Name of Officer: SANDRA A. MORRA
Title of Officer: PRESIDENT



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 110505		2. Name of Corporation NARRAGANSETT TRANSLATIONS & INTERPRETING, INC			
3. Street Address Principal Business Office 32 East Avenue			City Providence	State RI	Zip 02860
4. Business Phone No. 401 722 1222		5. State of Incorporation RHODE ISLAND		6. SIC Code 7880	
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF INTERPRETATION AND TRANSLATION.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Sandra A. Morra			Vice President Name		
Street Address 131 Alexander St			Street Address		
City Cranston	State RI	Zip 02910	City Same	State RI	Zip 02910
Secretary Name			Treasurer Name Same		
Street Address			Street Address		
City Same	State RI	Zip 02910	City Same	State RI	Zip 02910
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City Same	State RI	Zip 02910	City Same	State RI	Zip 02910
Director Name			Director Name		
Street Address			Street Address		
City Same	State RI	Zip 02910	City Same	State RI	Zip 02910
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
300 NO PAR VALUE			300 shares issued in 2000		0

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 1 0 5 0 5 *

File Date 1-27-04
Check No. 3074
By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

[Signature]
Signature of Officer
SANDRA A. MORRA Date
Print or Type Name of Officer
PRESIDENT
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **110505** 2. Name of Corporation **NARRAGANSETT TRANSLATIONS & INTERPRETING, INC**
 3. Street Address Principal Business Office **32 East Avenue** City **Pawtucket** State **RI** Zip **02860**
 4. Business Phone No. **401 722-1222** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7880**

7. Brief Description of the Character of Business Conducted in Rhode Island
Foreign language interpreting & translation

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name Sandra Morra	Vice President Name W/A
Street Address 131 Alexander St	Street Address W/A
City Cranston State RI Zip 02910	City W/A State RI Zip 02860
Secretary Name Same	Treasurer Name Same
Street Address Same	Street Address Same
City Same State RI Zip 02910	City Same State RI Zip 02860

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name Same	Director Name W/A
Street Address Same	Street Address W/A
City Same State RI Zip 02910	City W/A State RI Zip 02860
Director Name W/A	Director Name W/A
Street Address W/A	Street Address W/A
City W/A State RI Zip 02910	City W/A State RI Zip 02860

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)
 AUTHORIZED SHARES
 Number of Shares Class/Series Par Value
300 NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)
 ISSUED SHARES
 Number of Shares Class/Series Par Value
151

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 1 0 5 0 5 *

File Date: **1.28.03**
 Check No.: **2049**
 By: **UP**

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.

Sandra A. Morra
 Signature of Officer Date
SANDRA A. MORRA
 Print or Type Name of Officer
PRESIDENT
 Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **110505** 2. Name of Corporation **NARRAGANSETT TRANSLATIONS & INTERPRETING, INC**
3. Street Address Principal Business Office **32 East Avenue** City **Pawtucket** State **RI** Zip **02860**
4. Business Phone No. **401-722-1222** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7880**

7. Brief Description of the Character of Business Conducted in Rhode Island
Interpreting + translating Foreign + Deaf Languages

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name **Sandra A. Morra** Vice President Name
Street Address **131 Alexander St** Street Address
City **Cranston RI** City **Same** Zip
Secretary Name
Street Address
City **Same** State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name
Street Address
City State Zip
Director Name
Street Address
City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
300 NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
NONE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 1-17-02
Check No.: 1502
By: [Signature]

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.
[Signature] 1/12/02
Date
SANDRA A. MORRA
Print or Type Name of Officer
PRESIDENT
Title of Officer

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 110505 2. Name of Corporation MARRAGANSETT TRANSLATIONS & INTERPRETING, INC

3. Street Address Principal Business Office 32 East Avenue City Pawtucket State RI Zip 02860
4. Business Phone No. 401-722-1222 5. State of Incorporation RHODE ISLAND 6. SIC Code 7880

7. Brief Description of the Character of Business Conducted in Rhode Island
TRANSLATIONS + INTER

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name <u>Sandra A. Morra</u>	Vice President Name <u>Same</u>
Street Address <u>131 Alexander Street</u>	Street Address <u>Same</u>
City <u>Cranston</u> State <u>RI</u> Zip <u>02910</u>	City <u>Same</u> State <u>RI</u> Zip <u>02860</u>
Secretary Name <u>Same</u>	Treasurer Name <u>Same</u>
Street Address <u>Same</u>	Street Address <u>Same</u>
City <u>Same</u> State <u>RI</u> Zip <u>02910</u>	City <u>Same</u> State <u>RI</u> Zip <u>02860</u>

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name <u>None</u>	Director Name <u>None</u>
Street Address <u>None</u>	Street Address <u>None</u>
City <u>None</u> State <u>None</u> Zip <u>None</u>	City <u>None</u> State <u>None</u> Zip <u>None</u>
Director Name <u>None</u>	Director Name <u>None</u>
Street Address <u>None</u>	Street Address <u>None</u>
City <u>None</u> State <u>None</u> Zip <u>None</u>	City <u>None</u> State <u>None</u> Zip <u>None</u>

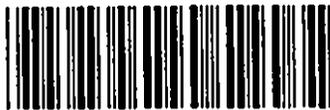
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
300 NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
NONE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 1 0 5 0 5 *

File Date: 2/12/2001

Check No.: 1141

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

Sandra A. Morra 1/22/01
Signature of Officer Date

SANDRA A. MORRA
Print or Type Name of Officer

PRESIDENT
Title of Officer