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
11505	**Narragansett Translations & Interpreting, Inc.**

3. Principal Office Address	City	State	Zip
115 Paine Avenue	**Cranston**	**RI**	**02910**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
541930	**Translation and Interpretation Services**
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 **None**		
Street Address **115 Paine Avenue**			Street Address		
City **Cranston**	State **RI**	Zip **02910**	City	State	Zip
Secretary Name **None**			Treasurer Name **None**		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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

Director Name **None**			Director Name **None**		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name **None**			Director Name **None**		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State. **Changes require an additional filing.**	**None**	**none**	**none**
	none	**none**	**none**

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	Date
Suzanne A. Janke, President	**05-03-2018**

FILED
MAY 07 2018
BY

Signature of Authorized Representative: SIGN DOCUMENT HERE — Suzanne A. Janke, President

FILED
MAY 07 2018
BY 93748

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: 10/2017