



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

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 SECRETARY OF STATE
 CORPORATIONS DIV

Annual Report for the year: 2018
 Corporation

2019 OCT 18 PM 2:31

- 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 795222		2. Exact name of the Corporation ORTIZ Services Inc			
3. Principal Office Address 24 Corliss St #6801			City Providence	State RI	Zip 02940
4. NAICS Code 541930 <i>Business Services</i>		5. Brief description of the character of business conducted in Rhode Island Language Interpreting Software Training			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name BEATRIZ ORTIZ			Vice-President Name		
Street Address 122 Carter Ave			Street Address		
City Pawtucket	State RI	Zip 02861	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			0		0
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 BEATRIZ ORTIZ				Date 10/18/2019	
Signature of Authorized Representative <i>[Signature]</i>					

FILED

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OCT 18 2019

BY *[Signature]* CEK5F