RI SOS Filing Number: 202195215760 Date: 3/31/2021 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by

Penalty: Additional \$25.00 f						. <u> </u>
1. Entity ID Number 1595	_	of the Corporation	Tals	TNSVLATION CO INC		
3. Principal Office Address	<u> </u>		City	V C. I ICON	State	Zip
22 Dudley	SV		PAU	1	RP	02860
4. NAICS Code	Brief descript	tion of the character	of business cor	ducted in Rhode Isl	and	
238290	1 1	LAtion				
5. State of Incorporation	1/25	114-1151	J			
L RZ	1					
7. List ALL officers (names and add	dresses)			Check th	ne box to ind	icate an attachment
President Name AMANDIO FERNANDES			Vice-President Name			
Street Address 12 HOBSON AU			Street Address			
City RFHOBOHL	State	zip 02769	City		State	Zip
Secretary Name			Treasurer Name			
Street Address			Street Address			
City	State	Zip	City	.	State	Zip
8. List ALL directors (names and a	ddresses)		<u>. </u>	Check th	ne box to ind	licate 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		10. Shares Issue		Check th	e box to ind	icate an attachment
This Information Is currently of record in the Department of State.		NUMBER OF SH	ARES	CLASS/SERIES	<u>_</u>	PAR VALUE
Changes require an additional filing.		/00)			0.01
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 declar	e and affirm tha	e corporation by the the think the t	receiver or trus this report, inc.	tee. Iuding anv accomo	anvina sch	edules and
Statements, and that all statements contained herein are true and correct. Name of Authorized Representative Date						
Amouder fewer JES 3-30-21						
Signature of Authorized Representative						
Truth Truth						
MAR 3.1 2021						
Division of Business Services			$\sim \nu$	107000	•	

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

FORM 630 - Revised: 08/2020