<b>(B)</b>

State of Rhode Island

## **Department of State - Business Services Division**

Annual Report for the year: 2023 STAMP

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

——————————————————————————————————————		•		£11,7 24,			
1. Entity ID Number	2. Exact name of the Corporation  Dorothy Hodge Interpreting Services Inc.  City  Frovidence  RI 02906  6. Brief description of the character of business conducted in Rhode Island						
00101 85 75	Dorothy	Hodge I	rterpreting	Sertite I	inc.		
Principal Office Address		0	City		State	Zip	
15 Edgehill Rd			Frovic	lence	RI	02906	
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island						
541930	Provides com	nuniculton acc	135 between individuals who use timesian ign and selections train country lead				
5. State of Incorporation	6. Brief description of the character of business conducted in Rhode Island Provides communication access between individuals who use American sign Language (ASL) and those who use English, via Interpretation and fransliteration services I am the sole pro prietor and service provides. I have I bookkeeper,						
RI	whom I pay tess than is 600/ year.						
7. List ALL officers (names and addresses)  Check the box to indicate an attachment							
President Name	Vice-President Name						
Street Address 1 Street							
15 Ediahin KI			Street Address				
15 Edgehill Kd City Providence	State	Zip Od-Go L	City		State	Zip	
Secretary Name	1	Treasurer Name					
Street Address			Street Address				
City	State	Zip	City		State	Zip	
8. List ALL directors (names and ad	ldresses)	·	1	Check t	he box to ind	licate an attachment	
				Director Name			
Street Address			Street Address				
City	State	Zip	City		State	17.0	
	State		City		State	Zıp	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
O.N.	Clare	2"	City		State	ا الله الله الله الله الله الله الله ال	
9. Shares Authorized 10. Shares Issue							
This information is currently of record in the		NUMBER OF SHARES		CLASS/SERIES	CLASS/SERIES PAR VALUE		
Department of State.		1,000		CINP		0	
Changes require an additional filing.							
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 FILED 1132 Date							
Dorothy Hille MSL, CT, CT Signature of Authorized Representative  MSL, CT, CT  FEB 01 2023  2/1/2023							
donothy hodge BY GGS6							
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MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov Inc #1615 \$50 pd +/1/2023