

Annual Report for the year: 2023
Limited Liability Company

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

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1. Entity ID Number	2. Exact name of the Limited Liability Company			
000822276	MULTILANGUAGE & SERVICES, LLC			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
5. State of Formation	} ;			
RHODE ISLAND INTERPRETING & TRANSLATION				
6. Principal Office Address		City	State	Zip
73 MAGILL ST		PAWTUCKET	RI	02860
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name ROBERT	O S. GOMES	Contact Title MANAGER City PAWTUCKET State RI Zip 02862		
Street Address P.O. BOX 791		CITYPAWTUCKET	State K1	Zip 0286Z
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.				
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 Person			Date	
ROBERTO S. GOMES			03/20/2023	
Signature of Authorized Person				

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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