



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

 REC'D RI SOS BSS
24 SEP 9 AM 11:25:15

1. Entity ID Number 158475		2. Exact name of the Corporation Powell Interpreting Services Inc.			
3. Principal Office Address 1285 Hartford Ave unit 10		City Johnston		State RI	Zip 02919
4. NAICS Code 812990		6. Brief description of the character of business conducted in Rhode Island multi language Interpreting			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Helena Pawoh		Vice-President Name Vesta Grant			
Street Address 1285 Hartford Ave unit 10		Street Address 174 monlow st			
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Vera Robinson		Treasurer Name Leonel Pires			
Street Address 115 Birchwood Drive		Street Address 174 monlow st			
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
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		CLASS/SERIES	PAR VALUE
		2,000			
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 FILED	
Signature of Authorized Representative Vesta Grant				SEP 09 2024 24128	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov