



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
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 RIDGS BSD
24 SEP 9 AM 11:25:15

1. Entity ID Number 168475		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 manlow st		
City Johnston	State RI	Zip 02919	City Cranston	State RI	Zip 02920
Secretary Name Vera Robinson			Treasurer Name Leonel Pires		
Street Address 115 Birchwood Drive			Street Address 174 manlow 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 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.		10. Shares Issued		CLASS/SERIES	
		NUMBER OF SHARES		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	
Signature of Authorized Representative [Signature] V Vesta Grant				SEP 09 2024	
				BY 24128	

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov

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