



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
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 RIDDS BSD
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|--|--------------------|---|---|--|---------------------|
| 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 marlow 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 marlow 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 | | | | | |
| This information is currently of record in the Department of State. | | 10. Shares Issued | | Check the box to indicate an attachment <input type="checkbox"/> | |
| 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 2422S | |

MAIL TO:
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Website: www.sos.ri.gov

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