

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **Limited Liability Company**

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

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1. Entity ID Number	Entity ID Number 2. Exact name of the Limited Liability Company					
	1					
061765760	Language Solutions, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
541930 5. State of Formation	interpreting a Translating survices					
Rhode Island						
6. Principal Office Address	_	City	State	Zip		
VANHOONERSA-P.	0.BOX 19053	Johnston	RJ	02919		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Contact Title						
Michelle 1	<u>egros</u>					
Street Address 17 Homestead Ave		chy John Ston	State K.T.	02919		
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.						
9. 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			
Michelle Lea	Grus		1-22-25			
Signature of Authorized Person						
Ly hegros						

FILED

JAN 2 2 2025

MAIL TO:

Division of Business Services

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