



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:

2025

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 RIDOS BSD
25 FEB 4 AM 9:35:52

1. Entity ID Number 001018575		2. Exact name of the Corporation Dorothy Hodge Interpreting Services, Inc.			
3. Principal Office Address 15 Edgehill Road		City Providence		State RI	Zip 02906
4. NAICS Code 541930		6. Brief description of the character of business conducted in Rhode Island Provides communication access between individuals who use American Sign Language (ASL) and those who use English, via interpretation and transliteration services. I am sole proprietor and service provider. I have one bookkeeper, whom I pay less than \$600/yr.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Dorothy Hodge			Vice-President Name		
Street Address 15 Edgehill Road			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
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 ☐					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
10. Shares Issued		Check the box to indicate an attachment ☐			
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
1,000		CNP		0	
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 Dorothy Hodge MSL, CI, CT					Date 2/4/25
Signature of Authorized Representative Dorothy Hodge					FILED

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov

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FORM 630- Revised: 12/2023