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**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.

1. Entry ID Number <u>001734803</u>		2. Exact name of the Corporation <u>Baystate Interpreters, Inc</u>			
3. Principal Office Address <u>55 Lake Street Ste 300</u>			City <u>Gardner</u>	State <u>MA</u>	Zip <u>01440</u>
4. NAICS Code <u>541930</u>		6. Brief description of the character of business conducted in Rhode Island <u>language services</u>			
5. State of Incorporation <u>MA</u>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <u>Darrin Brooks</u>			Vice-President Name		
Street Address <u>118 north main street</u>			Street Address		
City <u>Petersham</u>	State <u>MA</u>	Zip <u>01366</u>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <u>Riley Brooks</u>			Director Name		
Street Address <u>108 Adams St.</u>			Street Address		
City <u>Leominster</u>	State <u>MA</u>	Zip <u>01420</u>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<u>12000</u>			<u>0</u>
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. <b>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.</b>					
Name of Authorized Representative <u>Darrin Brooks</u>					Date <u>1/31/24</u>
Signature of Authorized Representative 					

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

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