



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 14515 2. Name of Corporation Nationwide Tractor Trailer Driving School, Inc.
3. Street Address Principal Business Office Route 116, Washington Highway, City Smithfield State RI Zip 02917
4. Business Phone No. (401)231-3410 5. State of Incorporation Rhode Island 6. SIC Code 8730
7. Brief Description of the Character of Business Conducted in Rhode Island Instructing and training in the art of driving, maintaining trucks, tractors, tractor trailers, etc.

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

President Name Darleen B Crawford	Vice President Name John T McCarthy
Street Address PO Box 174	Street Address P.O. Box 174
City Lincoln State RI Zip 02865	City Lincoln State RI Zip 02865
Secretary Name Darleen B Crawford	Treasurer Name John T McCarthy
Street Address P.O. Box 174	Street Address P.O. Box 174
City Lincoln State RI Zip 02865	City Lincoln State RI Zip 02865

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

Director Name Darleen B Crawford	Director Name John T. McCarthy
Street Address P.O. Box 174	Street Address P.O. Box 174
City Lincoln State RI Zip 02865	City Lincoln State RI Zip 02865
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
500 SHS NO PAR COM		

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
95	Common	No par value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: 4/21/99

Check No.: 8359

By: KLB

FOR SECRETARY OF STATE USE ONLY

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.

Darleen B. Crawford 4-16-99
Signature of Officer Date

DARLEEN B. CRAWFORD

Print or Type Name of Officer

PRESIDENT/SECRETARY

Title of Officer