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
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP
PLEASE READ
INSTRUCTIONS

(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* | *City* | *State* | *Zip*

4. *Business Phone No.*
5. *State of Incorporation* RHODE ISLAND
6. *SIC Code* 8730

7. *Brief Description of the Character of Business Conducted in Rhode Island*

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name
Street Address
City | *State* | *Zip*

Vice President Name
Street Address
City | *State* | *Zip*

Secretary Name
Street Address
City | *State* | *Zip*

Treasurer Name
Street Address
City | *State* | *Zip*

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name
Street Address
City | *State* | *Zip*

Director Name
Street Address
City | *State* | *Zip*

Director Name
Street Address
City | *State* | *Zip*

Director Name
Street Address
City | *State* | *Zip*

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

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
600 SHS	NO PAR COM	

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*

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

[redacted] * 1 4 5 1 5 * [redacted]

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.

File Date: _____

Check No.: _____

By: _____

FOR SECRETARY OF STATE USE ONLY

[redacted]

_____
Signature of Officer *Date*

_____
Print or Type Name of Officer

_____
Title of Officer

Form 31 12/96

DETACH BOTTOM BEFORE RETURNING

Please detach and mail the above section including payment in the amount of $50.00 made payable to Secretary of State. If the registered office and/or registered agent indicated below has changed, Form 9, along with a $20.00 fee must be filed in this office. Forms may be obtained by contacting this office at 401-222-3040.

4561

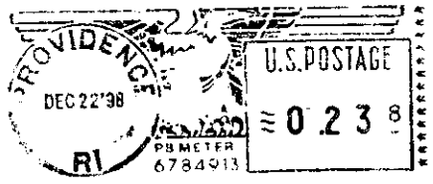
RETAIN FOR YOUR RECORDS
ID: 14515
Nationwide Tractor Trailer Driving School Inc.

JAMES CARDONO
36 PARK PLACE
PAWTUCKET, RI 02862

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

RETURN SERVICE
REQUESTED

PRESORTED
FIRST CLASS



James R. Langevin, *Secretary of State*

XX12/23PROV R1023

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TEMPORARILY AWAY
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1. AUTO 02864