

A. Ralph Mollis, Secretary of State Corporations Division LiS W. River Street Providence, RI 02904-2615 101.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by late (R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by late (R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by late (R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by late (R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by late (R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by late (R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by late (R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by late (R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by late (R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing the file of t

subject to a penalty fee of \$25,00		, , , , , , , , , , , , , , , , , , , ,		, , , , , , , , , , , , , , , , , , , ,	
1. Corporate ID No. 112314	2. Name of Cor Advanced	Driving & Security Inc.			
). Street Address Principal Business Office 210 Airport Street #10			North Kingstown	State RI	<sup>Zip</sup> 02852
t. Business Phone No. 5. State of Incorporation 401-294-1600 Rhode Island			· · · · · · · · · · · · · · · · · · ·		
6. thrief Description of the Chara Providing training service		cted in Rhode Island rivate, personal or corporate	customers	.,,,,	
	SES OF THE OFF.	ICERS: ("X" BOX FOR ATTA	-	PACES BEFORE USING	ATTACHMENTS
Anthony Ricci			Vice President Name Anthony Ricci		
Succe Address 50 Fruit Hill Avenue			Street Address 50 Fruit Hill Avenue		
On: North Providence	State <b>RI</b>	χ <sub>ψ</sub> , 02909	City North Providence	State RI	<sup>χ<sub>i</sub>ρ</sup> 02909
Neoretary Name Anthony Ricci			Treasurer Name Anthony Ricci		
Street Address 50 Fruit Hill Avenue			Street Address 50 Fruit Hill Avenue		
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	1	ECTORS: ("X" BOX FOR ATT	:	1	<b>!</b>
Director Name			Director Name		
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City	State	Zip	СНу	Stehe	2 000 2 000
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Clfp:	State	Zip	CH) <sup>c</sup>	State	7 N 1 T 1 N 1 N 1 N 1 N 1 N 1 N 1 N 1 N 1
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) SSUED SHARES — THIS SECTION MUST BE COMPLETED		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Glass/Series	Par Villue - S 🕹
			100	Common	None
This report must be execu	uted on behalf of t	he corporation by an authorize	d representative. If the co	rooration is in the hand	ls of a receiver or trustee.
		ne corporation by the receiver			
			1		
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FI	ED		contained beginning		2/2//10
File Date MAD	Λ 1 2040	1111/1111/1111	Signarafe C		Date
Check No. MAR 01 2010			Anthony Ricci		
BY:	112567		Print or Type Name President		
E I FOR HEGHETARY O	E STATE USE ONLY		Title		,