



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

Corporations Division
148 W. River
Providence, RI 02904-26
401.222.30

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

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 law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. <u>167308</u>	2. Name of Corporation <u>Rhode Island Driving School</u>		
3. Street Address Principal Business Office <u>21 Viola ST.</u>	City <u>COVENTRY</u>	State <u>R.I.</u>	Zip <u>02816</u>
4. Business Phone No. <u>401-823-0440</u>	5. State of Incorporation <u>R.I.</u>		
6. Brief Description of the Character of Business Conducted in Rhode Island			

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

President Name <u>Joseph T. Stalabain III</u>			Vice President Name <u>MARY C. STALABAIN</u>		
Street Address <u>21 Viola ST. COVENTRY, R.I. 02816</u>			Street Address <u>SAME</u>		
City <u>COVENTRY</u>	State <u>R.I.</u>	Zip <u>02816</u>	City <u>SAME</u>	State <u>SAME</u>	Zip <u>SAME</u>
Secretary Name <u>MARY C. STALABAIN</u>			Treasurer Name <u>MARY C. STALABAIN</u>		
Street Address <u>21 Viola ST.</u>			Street Address <u>21 Viola ST.</u>		
City <u>COVENTRY</u>	State <u>R.I.</u>	Zip <u>02816</u>	City <u>COVENTRY</u>	State <u>R.I.</u>	Zip <u>02816</u>

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

Director Name <u>APRIL LaFleur</u>			Director Name		
Street Address <u>24 Shady Lane</u>			Street Address		
City <u>PASCOAG</u>	State <u>R.I.</u>	Zip <u>02859</u>	City	State	Zip
Director Name <u>Joseph T. Stalabain IV</u>			Director Name		
Street Address <u>13 COTE CT.</u>			Street Address		
City <u>COVENTRY</u>	State <u>R.I.</u>	Zip <u>02816</u>	City	State	Zip

9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
<u>1 NO PAR VALUE common</u>	<u>NO PAR</u>	

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES — THIS SECTION **MUST** BE COMPLETED

Number of Shares	Class/Series	Par Value
<u>NONE</u>	<u>0</u>	

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.

Joseph T. Stalabain III 3-1-11
Signature Date
Joseph T. STALABAIN III
Print or Type Name
PRESIDENT
Title

FILED	
File Date	<u>MAR 02 2011</u>
Check No.	<u>4953</u>
By: BY	
FOR SECRETARY OF STATE USE ONLY	