



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

Corporations Division
148 W. River St
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

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>67308</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>
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 <input checked="" type="checkbox"/>			

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.</u>			Street Address <u>SAME</u>		
City <u>COVENTRY</u>	State <u>R.I.</u>	Zip <u>02814</u>	City <u>SAME</u>	State <u>—</u>	Zip <u>—</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>02814</u>	City <u>COVENTRY</u>	State <u>R.I.</u>	Zip <u>02814</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 <u>Joseph T. STALABAIN III</u>		
Street Address <u>24 Shady Lane</u>			Street Address <u>13 COVE CT.</u>		
City <u>PASADENA</u>	State <u>R.I.</u>	Zip <u>02859</u>	City <u>COVENTRY</u>	State <u>R.I.</u>	Zip <u>02814</u>

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

Number of Shares	Class/Series	Par Value
<u>1</u>	<u>No Par Value Common No Pm</u>	<u>Nil Pm</u>

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

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

FILED

File Date JAN 25 2012
Check No. 5181
By: _____
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.
Signature Joseph T. Stalabain III Date 1-25-12
Joseph T. STALABAIN III
Print or Type Name
Title President