



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.
 Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 112314		2. Exact name of the Corporation Advanced Driving & Security Inc.			
3. Principal office address 5 Franklin Road, Suite 5			City East Greenwich	State RI	Zip 02818
4. Business Phone No. (401) 294-1600			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Provide training services for drivers of private, personal and corporate customers					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Anthony Ricci			Vice-President Name Anthony Ricci		
Street Address 10 Susan Elizabeth Drive			Street Address 10 Susan Elizabeth Drive		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Anthony Ricci			Treasurer Name Anthony Ricci		
Street Address 10 Susan Elizabeth Drive			Street Address 10 Susan Elizabeth Drive		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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	CLASS/SERIES	PAR VALUE
			100	Common	None

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.

File Date
 Check No 008052
 By: _____

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.

Anthony Ricci 2.9.16
 Signature of Authorized Representative Date

Anthony Ricci, President

Print or Type Name of Authorized Representative