

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017

Corporation

-> Filing period: January 1 - March 1

→ Filing Fee: \$50.00

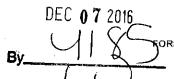
→ Penalty: Additional \$25.00 f	ee if form is not t	filed by April 1.		_	_		
1. Entity ID Number 59331	2. Exact name of the Corporation Blackstone Valley Driving School, Inc.						
Principal Office Address Gem Street			City North Prov	idence	State RI	Zip 02904	
4. Business Phone Number:	Brief description of the character of business conducted in Rhode Island Driving lessons						
5. State of Incorporation RI							
7. List ALL officers (names and ad	dresses)			Check	the box to i	indicate an attachment	
President Name Rose A. Nickerson	Vice-President Name Rose A. Nickerson						
Street Address 15 Gem Street	Street Addres	Street Address 15 Gem Street					
City North Providence	State RI	^{Zip} 02904	City North P		State RI	^{Zip} 02904	
Secretary Name Rose A. Nickerson			Treasurer Name Rose A. Nickerson				
Street Address 15 Gem Street			Street Address 15 Gem Street City North Providence State RI Zip 02904				
City North Providence	State RI	^{Zip} 02904	City North P	City North Providence		^{Zip} 02904	
8. List ALL directors (names and a	ddresses)			Check	the box to	indicate an attachment	
Director Name Rose A. Nickerson			Director Name	Director Name			
Street Address 15 Gem Street			Street Address				
City North Providence	State RI	Zip 02904	City	City		Zip	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City	City		Zip	
9. Shares Authorized		10. Shares Iss	sued	Check	the box to i	indicate an attachment	
This information is currently of record in the		NUMBER O	F SHARES	7			
Department of State. Changes require an additional filing.		10		Common		No Par	
3		1					
11. This report must be executed o	n behalf of the co	rporation by an	authorized repres	sentative. If the corpo	ration 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. Name of Authorized Representative Date							
Rose A. Nickerson 12-6-16							
Signature of Authorized Representative							
FILED							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov



KORM 630 - Revised: 08/2016