



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

Matthew A. Brown, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005**

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 138902		2. Exact name of the limited liability company Driving Education Center of Rhode Island, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island to conduct driving education classes			
5. Principal office address 66 DEWEY AVENUE		City ATTLEBORO	State MA	Zip 02703-	
<b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>					
Contact Name AMY ANTUNOVIC		Contact Title CO-MANAGER			
Street Address 66 DEWEY AVENUE		City ATTLEBORO	State MA	Zip 027034	
<b>7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE</b> FILL IN SPACES BEFORE USING ATTACHMENTS (X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name AMY ANTUNOVIC		Manager Name GORAN ANTUNOVIC			
Street Address 66 DEWEY AVENUE		Street Address 66 DEWEY AVENUE			
City ATTLEBORO	State MA	Zip 02703	City ATTLEBORO	State MA	Zip 02703
Manager Name NONE		Manager Name NONE			
Street Address		Street Address			
City	State	Zip	City	State	Zip
<b>8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11</b>					
Agent Name ADLER POLLOCK & SHEEHAN P.C.		Address ONE CITIZENS PLAZA, 8TH FLOOR			
Address		City PROVIDENCE	Zip 02903-		

This report must be signed in ink by an authorized person pursuant to 7-16-66.



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\*138902 DLLC-9/15/05 9:13:53 AM\*

FILED  
File Date 9/20/05  
SEP 20 2005  
Check No. \_\_\_\_\_  
By [Signature]  
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] 9/15/05  
Signature of Authorized Person Date  
AMY ANTUNOVIC  
Print or Type Name of Authorized Person