Office of the Secretary of State         Division Of Business Services         148 W. River Street         Providence RI 02904-2615         (401) 222-3040					
148 W. River Street Providence RI 02904-2615 (401) 222-3040         Limited Liability Company Annual Report         Filing Period: Soptember 1 - November 1         In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time presorbed by law (R.I.G.L. 7- 16-66(b.8:0) is subject to a penalty fee of \$25.00         ANNUAL REPORT YEAR: 2017         1. ID No. 000124095         2. Exact Name of the Limited Liability Company OCEAN STATE DRIVING SCHOOL, LLC         3. State of Formation         State: RI         ARTICLE III         Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online.         999999         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         THE INSTRUCTION OF DEFENSIVE DRIVING TO OBTAIN A DRIVER'S LICENSE         5. Principal Office Address         No. and Street: 70 JEFFERSON BOULEVARD City or Town: WARWICK         State: RI Zip: 02818 Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 11 OAK HILL DRIVE       Di OAK HILL DRIVE	St			Fee: \$50.00	
(401) 222-3040         Limited Liability Company Annual Report         Filing Period: September 1 - November 1         In accordance with R1 G L 7-16-66(d), each limited liability company failing or refusing to file its annual report with mitry (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00.         ANNUAL REPORT YEAR: 2017         1. ID No. 000124095         2. Exact Name of the Limited Liability Company OCEAN STATE DRIVING SCHOOL, LLC         3. State of Formation State: RI         ARTICLE III         Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online. 999999         999999         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island THE INSTRUCTION OF DEFENSIVE DRIVING TO OBTAIN A DRIVER'S LICENSE         5. Principal Office Address         No. and Street: 70 JEFFERSON BOULEVARD City or Town: WARWICK         State: RI Zip: 02888 Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 11 OAK HILL DRIVE City or Town: JOHNSTON State: RI Zip: 02919 Country: USA         The Mode Last. Suffix Address of Each Manager of the Limited Liability Company, if Appli		148 W. River S	treet		
Annual Report         Filing Period: September 1 - November 1         In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.         ANNUAL REPORT YEAR: 2017         1. ID No.       000124095         2. Exact Name of the Limited Liability Company OCEAN STATE DRIVING SCHOOL, LLC         3. State of Formation         State: RI         ARTICLE II         Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online.         999999         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         THE INSTRUCTION OF DEFENSIVE DRIVING TO OBTAIN A DRIVER'S LICENSE         5. Principal Office Address         No. and Street:       70.JEFFERSON BOULEVARD         City or Town:       WARWICK       State: RI       Zip: 02888       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Title:         No and Street:       11 OAK HILL DRIVE         City or Town:       JOHNSTON       State: RI       Zip: 02919       Country: USA </td <td>HOPE</td> <td></td> <td></td> <td></td>	HOPE				
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1. ID No.       000124095         2. Exact Name of the Limited Liability Company       OCEAN STATE DRIVING SCHOOL, LLC         3. State of Formation       State: RI         State: RI         ARTICLE III         Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online.         999999         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         THE INSTRUCTION OF DEFENSIVE DRIVING TO OBTAIN A DRIVER'S LICENSE         5. Principal Office Address         No. and Street:       70 JEFFERSON BOULEVARD         City or Town:       WARWICK       State: RI       Zip: 02888       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Title:         No. and Street:       11 OAK HILL DRIVE         City or Town:       JOHNSTON       State: RI       Zip: 02919       Country: USA         Title         Individual Name         Address of Each Manager of the Limited Liability Company, if Applicable.         DO NOT LIST MEMBERS	to file its annual report within	thirty (30) days after the time prese			
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THE INSTRUCTION OF DEFENSIVE DRIVING TO OBTAIN A DRIVER'S LICENSE         5. Principal Office Address         No. and Street:       70 JEFFERSON BOULEVARD City or Town:       Karal         City or Town:       WARWICK       State: RI       Zip: 02888       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:       Contact Name:       Contact Title:         No. and Street:       11 OAK HILL DRIVE       Zip: 02919       Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS       Country: USA         Title       Individual Name First, Middle, Last, Suffix       Address, City or Town, State, Zip Code, Country         MANAGER       CHERYL L RUSSO       11 OAK HILL DRIVE	the list of codes here. More			/. Download	
5. Principal Office Address         No. and Street:       70 JEFFERSON BOULEVARD City or Town:         WARWICK       State: RI         Zip:       02888         Country:       USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       Contact Title:         No. and Street:       11 OAK HILL DRIVE         City or Town:       JOHNSTON         State:       RI         Zip:       02919         Country:       USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.         DO NOT LIST MEMBERS       First, Middle, Last, Suffix         Address, City or Town, State, Zip Code, Country         MANAGER       CHERYL L RUSSO         11 OAK HILL DRIVE	4. Brief Description of the	Character of the Business Which	is Actually Conducted in Rho	de Island	
No. and Street:       70 JEFFERSON BOULEVARD WARWICK       State: RI       Zip: 02888       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       Contact Title:         No. and Street:       11 OAK HILL DRIVE         City or Town:       JOHNSTON         State:       RI         Zip:       02919         Country:       USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.         DO NOT LIST MEMBERS         Title       Individual Name         First, Middle, Last, Suffix         Address, City or Town, State, Zip Code, Country         MANAGER       CHERYL L RUSSO	THE INSTRUCTION OF	DEFENSIVE DRIVING TO OB	TAIN A DRIVER'S LICENS	<u>E</u>	
City or Town:       WARWICK       State:       RI       Zip:       02888       Country:       USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       Contact Title:         No. and Street:       11 OAK HILL DRIVE       Zip:       02919       Country:       USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.       ONOT LIST MEMBERS       Address         Title       Individual Name       Address.       Address.       Address.       Address.         MANAGER       CHERYL L RUSSO       11 OAK HILL DRIVE       Address.       Address.       Address.	5. Principal Office Addres	S			
Contact Name:       Contact Title:         No. and Street: <u>11 OAK HILL DRIVE</u> City or Town: <u>JOHNSTON</u> State: <u>RI</u> Zip: <u>02919</u> Country: <u>USA</u> 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.         DO NOT LIST MEMBERS         Title       Individual Name         First, Middle, Last, Suffix       Address, City or Town, State, Zip Code, Country         MANAGER       CHERYL L RUSSO         11 OAK HILL DRIVE					
No. and Street: City or Town:       11 OAK HILL DRIVE JOHNSTON       State: RI       Zip:       02919       Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS       Individual Name First, Middle, Last, Suffix       Address Address, City or Town, State, Zip Code, Country         MANAGER       CHERYL L RUSSO       11 OAK HILL DRIVE	6. Mailing Address of Lim	ited Liability Company and Name	or Title of Contact Person:		
DO NOT LIST MEMBERS       Individual Name       Address         Title       Individual Name       Address         First, Middle, Last, Suffix       Address, City or Town, State, Zip Code, Country         MANAGER       CHERYL L RUSSO       11 OAK HILL DRIVE	No. and Street: <u>11 O</u>	<u>AK HILL DRIVE</u>	<u> Zip: 02919</u> Country	y: <u>USA</u>	
First, Middle, Last, Suffix         Address, City or Town, State, Zip Code, Country           MANAGER         CHERYL L RUSSO         11 OAK HILL DRIVE					
MANAGER CHERYL L RUSSO 11 OAK HILL DRIVE	Title				
JOHNSTON, RI 02919- USA	MANAGER				
			JOHNSTON, RI 02919- US	SA	

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

THOMAS W. MADONNA, ESQ. 70 JEFFERSON BOULEVARD WARWICK , RI 02888

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 4 Day of October, 2017 at 4:10:07 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

By <u>CHERYL L. RUSSO</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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