



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2018
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 59331		2. Exact name of the Corporation Blackstone Valley Driving School, Inc.			
3. Principal Office Address 15 Gem Street			City North Providence	State RI	Zip 02904
4. NAICS Code 812990		6. Brief description of the character of business conducted in Rhode Island Driving lessons			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Rose A. Nickerson			Vice-President 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
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
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Rose A. Nickerson			Director Name		
Street Address 15 Gem Street			Street Address		
City North Providence	State RI	Zip 02904	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			10	Common	No Par
11. 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. <i>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.</i>					
Name of Authorized Representative Rose A. Nickerson				Date 12-13-17	
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

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