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	2. Exact name of the Corporation			
787952	NEWPORT COUNTY DRIVING SCHOOL, INC.			
3. Principal Office Address		City	State	Zip
2156 MAIN ROAD		TIVERTON	RI	02878
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
61 - Educational Services	DRIVING INSTRUCTION			
5. State of Incorporation				
RHODE ISLAND	611692			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name JOHN M. LEEDS			Vice-President Name MARY E. LEEDS		
Street Address 2156 MAIN ROAD			Street Address 2156 MAIN ROAD		
City TIVERTON	State RI	Zip 02878	City TIVERTON	State RI	Zip 02878
Secretary Name JOHN M. LEEDS			Treasurer Name JOHN M. LEEDS		
Street Address 2156 MAIN ROAD			Street Address 2156 MAIN ROAD		
City TIVERTON	State RI	Zip 02878	City TIVERTON	State RI	Zip 02878

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized — 10. Shares Issued — Check the box to indicate an attachment ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	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.

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
JOHN M. LEEDS, PRESIDENT	2/10/2018

Signature of Authorized Representative: J M Leeds SIGN DOCUMENT HERE 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

FEB 14 2018
BY 897 DS

FORM 630 - Revised: 10/2016