



State of Rhode Island and Providence Plantations

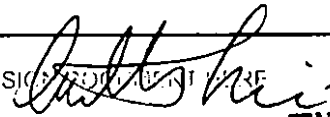
Department of State - Business Services Division

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 112314		2. Exact name of the Corporation Advanced Driving & Security Inc.			
3. Principal Office Address 5 Franklin Road, Suite 5			City East Greenwich	State RI	Zip 02818
4. NAICS Code 611692		6. Brief description of the character of business conducted in Rhode Island Provide training services for drivers of private, personal and corporate customers.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment ☐
President Name Anthony Ricci			Vice-President Name Anthony Ricci		
Street Address 10 Susan Elizabeth Drive			Street Address 10 Susan Elizabeth Drive		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Anthony Ricci			Treasurer Name Anthony Ricci		
Street Address 10 Susan Elizabeth Drive			Street Address 10 Susan Elizabeth Drive		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
8. List ALL directors (names and addresses)					Check the box to indicate an attachment ☐
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued		
This information is currently of record in the Department of State.			Check the box to indicate an attachment ☐		
Changes require an additional filing.			NUMBER OF SHARES 100	CLASS/SERIES Common	PAR VALUE None
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 Anthony Ricci, President					Date 2 Feb 18
Signature of Authorized Representative 					

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

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FORM 630 - Revised: 10/2017