

RI SOS Filing Number: 201859398250 Date: 2/28/2018 4:00:00 PM STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

148 W. River St.

Corporations Division

Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1 · March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK * In accordance with R.I.G.L. 7-12-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by

ши (K.I.G.L /-1.2-1301(сьа)) 1	s subject to a penalty j	ee oj \$25.00.				
1. Corporate ID No.	2. Name of Corporation	_				
67308	Rhode	Island DRIV	link School	Iv.		
3. Street Address Principal Business ()ffice		City	State	Zφ	
21 Viola ST	K		COVENTRY	R.J.	02811	
4. Business Phone No.		5. State of Incorporation				
401-823-0440		Photo Island				
6. Brief Description of the Character of Business Conducted in Rhode Island			E2 (14 NC)			
/ \\	PILLING CCI	MY21 1111	.00			
7. NAMES AND ADDRESSES			Chief PARCO IT PULL IN	PACES DEPOND INCINC	ATTE CITATION	
President Name	OF THE OFFICERS:	A 1 LA MOT APE A).	Vice President Name	SPACES BEFORE USING	ATTACHMENTS	
	_	_ <u>_</u>	<u> </u>	_		
Joseph T. STALASOIN III			MARY C. STALALOIN			
Street Address			Street Address/			
d Viola S	7	<u> </u>	2/Viala	<i>S7</i>		
City	State	Ζφ		State	Zip	
COVENTRY	I K.Z.	102876	COVENTER	R.J.	028/4	
Secretary Name			Treasurer Name		······	
MARY C. STA	2/alne		Same			
MROY C. STALALONY Street Address			Street Address			
21 Viala ST			$l_{\mathcal{C}}$			
City -	State RI	210	City	State	Ζψ	
City COVENTRY	RZ	202816	10	siane /c	24 /r	
8. NAMES AND ADDRESSES	OF THE DIFFCTOR	 	:	 SPACES REECDE HISTNI]	
Director Name	OI THE BIRDOION	b. (A DOARORMII	Director Name	STACES DELORE OSIN	G ATTACMENTS	
A / 1	. ,		Director Name			
April Lafleur			Prince Address			
Sireer Address	,		Street Address			
21 Viala ST	<u>,</u> - 1 	.,	<u></u>			
City	State	Zip	City	State	Zφ	
COVENTRY	IRI	02816	•			
Director Name			Director Name		•	
Joseph T.	STALAbola	IV	•			
Street Address			Street Address			
13 COTE C	<i>T</i> .					
City	State	Z10281/	City	State	Zφ	
COVENTRY	R.A.	00017				
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
						
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			11000 0000	4 (82)		
						
This report must be executed				orporation is in the hand:	of a receiver or trustee,	
this report must be executed of	on behalf of the corpo	oration by the receiver of	or trustee.			
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		FILED			that I have examined this reputements, and that all statements.	
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·		FEB 28 20	18 - 0 1			
File Date		LFR 20 TO	n Joseph) Stalakan	- <u>ZZ </u>	
		1101	Signature		Date	
Check No.		1 W.YIL		T. STALOLOW	777	
1		BY	Print or Type Name			
By:				esident		
FOR SECRETARY OF STA	ATE USE ONLY			esident		
FOR SECRETARY OF STA	an you you		Title			