



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
148 W. River St.
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2018

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. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. <u>67308</u>		2. Name of Corporation <u>Rhode Island Driving School Inc.</u>			
3. Street Address Principal Business Office <u>21 Viola ST</u>		City <u>Coventry</u>	State <u>R.I.</u>	Zip <u>02816</u>	
4. Business Phone No. <u>401-823-0440</u>		5. State of Incorporation <u>Rhode Island</u>			
6. Brief Description of the Character of Business Conducted in Rhode Island <u>DRIVING SCHOOL</u>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <u>Joseph T. Stalabain III</u>			Vice President Name <u>MARY C. STALABAIN</u>		
Street Address <u>21 Viola ST</u>			Street Address <u>21 Viola ST</u>		
City <u>Coventry</u>	State <u>R.I.</u>	Zip <u>02816</u>	City <u>Coventry</u>	State <u>R.I.</u>	Zip <u>02816</u>
Secretary Name <u>MARY C. STALABAIN</u>			Treasurer Name <u>SAME</u>		
Street Address <u>21 Viola ST</u>			Street Address <u>16</u>		
City <u>COVENTRY</u>	State <u>RI</u>	Zip <u>02816</u>	City <u>16</u>	State <u>16</u>	Zip <u>16</u>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <u>April Lafleur</u>			Director Name		
Street Address <u>21 Viola ST</u>			Street Address		
City <u>Coventry</u>	State <u>R.I.</u>	Zip <u>02816</u>	City	State	Zip
Director Name <u>Joseph T. Stalabain III</u>			Director Name		
Street Address <u>13 Cote CT</u>			Street Address		
City <u>COVENTRY</u>	State <u>R.I.</u>	Zip <u>02816</u>	City	State	Zip
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
<u>1 No</u>	<u>PAR VALUE Common No Pm</u>		<u>NONE</u>		

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.

FILED

FEB 28 2018

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.

Signature Joseph T. Stalabain III Date 2-24-18

Print or Type Name Joseph T. Stalabain III

Title President

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY