

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Matthew A. Brown, Secretary of State

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_\_\_\_\_

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

	Corporations Division
Pr	100 North Main Street ovidence, RI 02903-1335
	401.222.3040
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	Zip
	028/L 6. SIC Code
	8730
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bein III	2-18-05
<u> </u>	Date
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1. Corporate ID No. 67308	2. Name of Corpo. Rhode Islan	ration ad Driving School, Inc.				
3. Street Address Principal Bu		Ditting Ochool, Inc.	City	State	Zip	
•	OLA ST.		COVENTRY	R.I.	028/6	
4. Business Phone No.		5. State of Incorporation			6. SIC Code	
401-82	23-0440	RHODE ISLAND	)		8730	
7. Brief Description of the Cha DRIVING SCHOOL	unicier of Business Conducto					
8. NAMES AND ADDRI	ESSES OF THE OFFIC	ERS: ("X" BOX FOR AT	TACHMENT)   FILL IN	SPACES BEFORE USING	G ATTACHMENTS	
President Name			Vice President Name			
JOSEPI	I T. STALABO	IN III	MARY C. ST	ALABOIN		
Sirvet Address		•	Street Address			
21 VIC	OLA ST.		21 VIOLA	ST.		
City	State	Zip	City	State	Zip	
COVEN'TRY Secretary Name	R,I,	02816	COVENTRY	R	02816	
MARY C. STAI	LABOIN		MARY C STALABOIN			
Street Address 21 VIOLA ST		Sirect Address 21 VIOLA ST.				
City	State	ZIP 028/1	: City	State	Ztp	
COVENTRY	R.I.	PER C	COVENTRY	R.I.	02816	
9. NAMES AND ADDRI Director Name		TORS: ("X" BOX FOR A  BE ELECTED	TTACHMENT)   FILL   Director Name	IN SPACES BEFORE USI	ng attachments	
Street Address			Street Address		-	
City	State	Zip .	Ciry	Siate	Žiр	
Director (Lime	L	J	Director Name			
Street Address	<u> </u>	<del></del>	Sirect Address			
•						
City	State	Zip	City	State	Zip	
10. SHARES AUTHORI AUTHORIZED SHARES	IZED ("X" BOX FOR	ATTACHMENT)	: 11. SHARES ISSUED ISSUED SHARES	("X" BOX FOR ATTACE	HMENT)	
Number of Shares	Cluss/Scrics	Par Value	Number of Shares	Class/Serries	Par Value	
1 NO PAR VALUE		1SES	COMMON	NO PAR		
	•					
This report mu	st he signed in ink hy	either the President Vice	President, Secretary, Assis	tant Secretary Treasurer.	Receiver or Trustee	

Under penalty of perjury, I declare and affirm including any accompanying schedules and contained herein are true and correct. File Date FILED

FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 12/03



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

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

Matthew A. Brown, Secretary of State

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR	2004
iling Period: January 1 - March 1 • Filing Fee: \$50.00	
FORM MUST BE TYPED OR PRINTED IN BLACK)	

1. Corporate ID No.	2. Name of Corpor	milou	<del></del>		
67308		d Driving School, Inc.			•
3 Street Address Principal Bus		o bitting dolloon, tito.	City	State_	Zip
21 Viola	S.T.	•,	COVENTRY	P. J.	02814
4. Business Phone No.		5 State of Incorporation	on /		6. SIC Code
401-821-63	<i>34</i>	RHODE ISLAND			<u>8730</u>
7. Brief Description of the Cha- DRIVING SCHOOL.	racter of Business Conducto	rd in Rhode Island			
	CCEC OF THE OFFIC	ERS: ("X" BOX FOR AT	TACHMENT) (TEILLIN	SPACES BEFORE USING	ATTACHMENTS
President Name	SSES OF THE OFFIC	ERS: ( A BOA FOR AI	Vice President Name	STROES BEI ONE COM	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Totalain Ti	77	MARY C. ST	ALALAin	
Juseph T. S Sirect Address	ITICH POINT	<del></del>	MARY C ST	, 410074	
21 Viola ST	<i>T</i> .		SAME		
CONPNTRU	1 State	Zip	Same con apple	State	Zip
( OVPNTRU	] <i>R. J.</i>	11250	· • • • · • • • • • • • • • • • • • • •	Seete	
Secretary same	<u></u>		Treasurer Name		
MARY C.	STALABOIN		Street Address		
31.1/2/2 C	7				
City	State	Zip	Clry	State	Zip
COVENTRY	R. J.	02814			
9. NAMES AND ADDRE	SSES OF THE DIREC	CTORS: ("X" BOX FOR	ATTACHMENT) 🔲 FILL I	N SPACES BEFORE USI	NG ATTACHMENTS
Director Name	_		Director Name		
Joseph T.	STALABOIN	<i>III</i>			<u> </u>
Joseph T. Siren Address 21 Viola Coven Tey	<i>57</i> .		Street Address	<u></u>	
City	State	Zip	City	State	Zip
COVENTRY	RT	02876			
Director Name			Director Name		•
0			Street Address		<del></del>
Street Address			Sector Address		
Cuy	State	Zip	City	State	Zip
10. SHARES AUTHORI	 ZED <i>("X" BOX FOR</i>	ATTACHMENT)		("X" BOX FOR ATTACE	IMENT)
AUTHORIZED SHARES		<u> </u>	ISSUED SHARES	<del></del>	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1 NO PAR VALUE			15H5	Common	NO PAR
This report mu	st he signed in ink h	v either the President Via	ce President, Secretary, Assist	ant Secretary, Treasurer.	Receiver or Trustee
This report ind	or be signed in time of	y cities the Frestock, The		,,	
Ш		III I I I I I I I I I I I I I I I I I			•
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•			Under penalty of pe	erjury, I declare and affirm t	that I have examined this repor
	<u> 6730-8</u>	<del></del>	including any acco	mpanying schedules and sta	tiements, and that all statemen
	حاميا		contained herein ar	e true and correct.	_
File Date 3	2109		Loses	J. Stalaber I	11 3-23-04
1 192			Signhture of Officer		Date
Check No & O	1	<del></del>	_ Joseph	TI STALABO	oin III
Ву:			Print or Type Name	of Officer	
			Too	; dpr7	
FOR SECRETARY	OF STATE USE ONLY		Title of Officer	<u> </u>	<u> </u>

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

67308

Rhode Island Driving School, Inc.

3. Street Address Principal Business Office

21 VIOLA ST.

City

210

02816

4. Business Phone No

5. State of Incorporation

COVENTRY

R.I.

6. SIC Code 8730

9401) 823-0440
7. Brief Description of the Character of Business Conducted in Rhode Island

**RHODE ISLAND** 

SUMARY C. STALABOIN

AUTOMOBILE DRIVING TRAINING
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name

JOSEPH T. STALABOIN III

21 VIOLA ST

State

Zip

21 VIOLA ST.

State

Zip

COVENTRY

R.I.

02816

COVENTRY Treasurer Name

R.I.

02816

MARY C, STALABOIN

Secretary Name

21 VIOLA ST.

21 VIOLA ST.

MARY C. STALABOIN 21 VIOLA ST.

COVENTRY R.I. 02816 COVENTRY R. I. 02816
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS **Director Name** 

JOSEPH T. STALABOIN III

Street Address

City

State

2.10

Zip

COVENTRY
Director Name

R.I.

02816

Director Name

Street Address

Street Address

City

State

Zip

City

City

State

Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES Number of Shares

Class/Series

Par Value

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES

Number of Shares

Class/Series

Par Value

1 NO PAR VALUE

1SHS

COMMO

NO PAR

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



FOR SECRETARY OF STATE USE ONLY

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.

STALABOIN III

(PRESIDENT Title of Officer

Form 630 12/02



(FORM MUST BE TYPED IN BLACK)

Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002 Filing Period: January 1-March 1 • Filing Fee: \$50.00



1. Corporate ID No.	2. Name of Corpora	tion		•	
67308	Rhode Islar	nd Driving School, Inc.			
3. Street Address Principal Business		,	. City	State	Zip
21 VIOLA ST	•	5. State of Incorporation	COVENTRY	R.I.	02816 6. SIC Code
7. 149 Jesc 1423 of 1944 19 cte	r of Business Conducted i	RHODE ISLAND			8730
		ORIVING TRAININ	c		
		CERS ("X" BOX FOR ATTACH		EFORE USING ATTAC	HMENTS
JOSEPH T. ST	ALABOIN II	Ţ	Street Address MARY C S	TALABOIN	
City 21 VIOLA ST.	State	Zip	· SAME	State	Zip
COVENTRY, R	.I	02816	Treasurer Name		···
MARY C STAL	ABOIN		SAME Street Address		
City 21 viola st	<sup>T</sup> State	Zip	City	'State	Zip
COVENTRY 9. NAMES AND ADDRES	R.I.	02816	CHMENT) - FILL IN SPACES	DEFADE HOMO ATTA	•
Director Name			Director Name	BEFORE USING ATTA	CHMENIS
JOSEPH T. ST	ALABOIN III	[	Street Address		
chy 21 VIOLA ST	State	Zip	, City	Stote	Zip
COVENTRY Director Name	R.I.	02816	Director Name		
			. Director prome		
Street Address			Street Address		
Sity	State	Zip	City	State	Zip
10. SHARES AUTHORIZEI	D (*x* box for atta	(CHMENT)	11. SHARES ISSUED (*x*	BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Far Value	Number of Shares	Closs/Series	Par Value
1 NO PAR VALUE			1SHS	COMMON	NO PAR
 his report must be <b>sign</b> e	 e <b>d in ink</b> by eith	er the President. Vice Pr	esident, Secretary, Assista	ant Secretary Treasur	er Receiver or Truston
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FOR SECRETARY OF STATE USE ONLY

Under penalty of perjuty, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and

that all statements contained here	in are true and correct.
Loseph & State	alsen III 3-4-02
Toseph T STAL	Aboin III
Print or Type Name of Officer	

Form 630 12/01

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

#### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

(EVBIA	MILICT R	F TYPED	IN REACK)

1. Corporate ID No. 67308 2. Name of Corporation

Rhode Island Driving School, Inc.

3. Street Address Principal Business Office

ST.

State

21 VIOLA 4. Business Phone No.

5. State of incorporation

COVENTRY R.I. 02816

401-823-0440

RHODE ISLAND

7. Brief Description of the Character of Business Conducted in Rhode Island

AUTOMOBILE DRIVES.  8. NAMES AND ADDRESS. President Name	ING TRAINING SES OF THE OFFICE	G ERS (*x* box for att	ACHMENT) FILL IN SPACES Vice President Name	BEFORE USING ATTAC	CHMENTS
JOSEPH T. STALF	ABOIN III		MARY C. STA	LABOIN	
21 VIOLA ST.	State	Zip	Same	: State	Zip
COVENTRY . Secretary Name	R.I.	02816	Treasurer Name Same	R.I.	02816
MARY C. STALABO	DIN		Street Address		
21 VIOLA ST.	State	Zip	City	State	·Zip
			•		

COVENTRY R.I. 02816.
9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name

JOSEPH Street Address T. STALABOIN III

. Street Address

Zip

. City

State

R.I.

02816

Street Address

Number of Shares

Street Address

City

State

Zło

City

State

210

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ESSUTED SHARES

Class/Series

Par Value

1 NO PAR VALUE

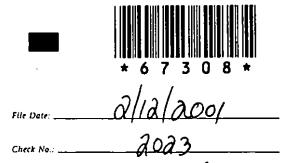
FOR SECRETARY OF STATE USE ONLY

1SHS

COMMON

NO PAR

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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. Signati

STALABOIN III

Title of Officer

Yames R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

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FORM MUST	· BE	TYPED	IN	BLACK)	
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1. Corporate ID No. 67308	2. Name of Corporat Rhode Isla	and Driving School	, Inc.		
हु कु कु कु कु कि ddress Principal Busin	ess Office		City	State	Zip
21 VIOLA ST.		5. State of Incorporation RHODE ISLAND	COVENTRY	R.I.	02816 6. SIC Code 8730
401-823-044 7. Brief Description of the Chara	) cter of Business Conducted in				
AUTO DRIVING 8. NAMES AND ADDR President Name		CERS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES Vice President Name	BEFORE USING ATTAC	HMENTS
JOSEPH T. S'	ralaboin iii		MARY C. STA	LABOIN	
21 VIOLA ST	State . La T,	Zip	21 VIOLA ST.	Stale ,	Zip
COVENTRY	R.I.	02816	COVENTRY Treasurer Name	R.I.	02816
APRIL LEFL	EUR		Street Address		
24 SHADY L	ANEState	Zip	City	State	Zip
PASCOAG  9. NAMES AND ADDR  Director Name	R.I. ESSES OF THE DIRI	02814 ECTORS ("X" BOX FOR ATTAC	CHMENT) FILL IN SPAC	ES BEFORE USING ATTA	CHMENTS
JOSEPH T.	STALABOIN II	II	Street Address		
City 21 VIOLA S	T.	Zip	City	State	Zip
COVENTRY Director Name	R.I.	02816	Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORI	ZED (*X* BOX FOR ATT	ACHMENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHMENT	)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1 SHS NO PAR V	ALŅE		1 SHS	COMMON	NO PAR

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date:	3/13/00
Check No.:	1784
By:	di
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FOR SECRETARY OF STATE USE ONLY

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.

South J	Stulatuin IIT	3-13	2000
Majature of Officer		Date	
	T STALALA		

Print or Type Name of Officer

PRESIDENT

Title of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

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(FORM MUST BE TYPED IN BL	ACK)				
1. Corporate ID No. <b>67308</b>	2. Name of Corpor Rhode Isla	ation and Driving School, I	nc.	<del></del>	<del></del>
3 Street Address Principal Business	s Office		City	. State	: Zlp
21 VIOLA S	T.		COVENTRY	. R.I.	02816
4. Business Phone No.		5 State of Incorporation RHODE ISLA			6. SIC Code
401-823-04		_	IND		<b>8730</b>
7 Brief Description of the Characte  AUTOMOBILE					
8. NAMES AND ADDRES President Name			ACHMENT) FILL IN SPACE  Vice President Name	ES BEFORE USING ATTAC	CHMENTS
JOSEPH T. Street Address	STALABOIN	III	MARY C. S	TALABOIN	· · · · · · · · · · · · · · · · · · ·
City 21 VIOLA S	T State	Zip	City COVENIERY	State	
COVENTRY	R.I.	02816	COVENTRY . Treasurer Name	R.I.	02816
MARY C. ST.	ALABOIN		Street Address	- ··	
21 VIOLA S	<b>T</b>		• •		
City	State	Zip	City	State	Zip
COVENTRY	R.I.	02816	THE PART OF A	CEC REPORE TIONIC AME	A CETTE TO THE
9. NAMES AND ADDRES	SES OF THE DIE	CECTORS ("X" BUX FOR A.	Director Name	CES BEFORE USING ATT	ACHMENIS
JOSEPH T.	STALABOIN	TTT	•		
Street Address			Street Address	·	
21 VIOLA S		_	<u></u>		
City	State	Zip	City	: State	· Zip !
COVENTRY Director Name	R.I.	02816	Director Name		•••••••••••••••••••••••••••••
			•		
Street Address			Street Address	•	····································
City	State	· Zip	··· • City	State	Zip
10. SHARES AUTHORIZE	ED ("X" BOX FOR AT	TACHMENT)	11. SHARES ISSUED	(*X* BOX <u>fo</u> r attachmen	n -
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Senes	- Par Value
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- ONO HO PAR VAL	• <del>V</del> ••		1 SHS	, COMMON	NO PAR
·-· <del>-</del>		• •	1	····	
This report must be <b>sign</b>	ned in ink by eit	ther the President, Vic	e President, Secretary, As	ssistant Secret <mark>ary, Trea</mark> s	urer, Receiver or Trustee
) 1887	8 81111 1 <b>2888</b> 11111 5818	7 (B) ( 188)			

	* 6 7 3 0 8 *
File Date:	Mlan 12,99
Check No.:	1560
By:FOR SECRETARY C	DE STATE USE ONLY

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.

(FORM MUST BE TYPED IN BLACK)

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

#### PROFIT CORPORATION ANNUAL REPORT $E \cap D$ VEAD

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iling Period: January 1-March 1 💽 🔸	Filing Fee: \$50.00	

STOP PELSSE READ INSTRUCTIONS
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1. Corporate ID No. 2. Name of Corporation Rhode Island Driving School, Inc. 3. Street Address Principal Business Office City State Zip 21 VIOLA STREET COVENTRY 02816 R.I. 4. Business Phone No. 5. State of Incorporation 6. SIC Code RHODE ISLAND 8730 401-823-0440 7. Brief Description of the Character of Business Conducted in Rhode Island AUTOMOBILE DRIVING TRAINING 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name Vice President Name JOSEPH T. STALABOIN III MARY C. STALABOIN Street Address 21 VIOLA STREET 21 VIOLA STREET City Zip Zip COVENTRY 02816 R.I. COVENTRY R.I. 02816 Secretary Name Treasurer Name MARY C. STALABOIN Street Address Sireet Address 21 VIOLA STREET City ZIp COVENTRY 02816 R.I. 9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) Director Name Director Name JOSEPH T. STALABOIN III Street Address Street Address 21 VIOLA STREET City State Zip City State Zip COVENTRY R.I. 02816 Director Name Director Name Street Address Street Address City State Zip City State Zip 10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ESSUFED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 1 SHS NO PAR VALUE 1SHS COMMON NO PAR

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



FOR SECRETARY OF STATE USE ONLY

Print or Type Name of Officer

PRESIDENT

JOSEPH T. STALABOIN III

Title of Officer

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.



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT	CORPORATI	0	N ANNUAL	REPORT	1997
Filing Period:	lanuary 1-March 1	•	Filing Fee: \$50.00		

(FORM MUST BE TYPED IN BL	ACK)			· <b> ·-</b> · · · ·	COMPLI
				· <b> · - · -</b> · · ·	
1. Corporate ID No.	2. Name of Corporati	on — — -			
67308	Rhode Islar	nd Driving School,	Inc.		
3. Street Address Principal Busines			City	State	· Zip
21 VIOLA ST			COVENTRY	R.I.	0281
4. Business Phone No.		5. State of Incorporation	n		6. SIC Code
1-401-823-0	440	RHODE ISLA	AND		8730
7. Brief Description of the Charact		Rhode Island			
8. NAMES AND ADDRE President Name	SSES OF THE OFFIC	CERS (*X* BOX FOR ATTA	Vice President Name	-	·· · •
JOSEPH T. STAF	ABOIN III		MARY C. STA	LABOIN	
21 VIOLA ST			21 VIOLA S	Tr.	
City	State	Žip	City	1. State	ZIp
COVENTRY	R.I	02816	COVENTRY	R . I	02816.
Secretary Name	• •		Treasurer Name	t.u. Kaukan	" " " AYJTO "
MARY C STAT	.AROTN				-
MARY C. STAL	ABOIN		Street Address		
Street Address	ABOIN		Street Address		
Street Address 21 VIOLA ST City COVENTRY	State R.I.	zip 02816	City	<sup>r</sup> State	Z1p
Street Address  21 VIOLA ST  City  COVENTRY  9. NAMES AND ADDRE  Director Name  JOSEPH T. STA	State R.I.	02816	City	State	7.1p
Street Address  21 VIOLA ST  City  COVENTRY  9. NAMES AND ADDRE  Director Name  JOSEPH To STA	State R.I. SSES OF THE DIRE	02816 CTORS (*x* BOX FOR A	City  TTACHMENT)  Director Name  Street Address		
Street Address  21 VIOLA ST  City  COVENTRY  9. NAMES AND ADDRE  Director Name  JOSEPH To STA  Street Address  21 VIOLA ST  City	State R.I. SSES OF THE DIRE TABOIN I III I State	02816 CTORS (*X* BOX FOR A	City  TTACHMENT)  Director Name	State	Zip
COVENTRY  21 VIOLA ST  COVENTRY  9. NAMES AND ADDRE  Director Name  JOSEPH T. STA  Ricel Address 1	State R.I. SSES OF THE DIRE	02816 CTORS (*x* BOX FOR A	City  TTACHMENT)  Director Name  Street Address  City		
COVENTRY  21 VIOLA ST  COVENTRY  9. NAMES AND ADDRE  Director Name  JOSEPH T. STA  Street Address 1	State R.I. SSES OF THE DIRE TABOIN I III I State	02816 CTORS (*X* BOX FOR A	City  TTACHMENT)  Director Name  Street Address		
COVENTRY  ON AMES AND ADDRESSIVE STATES  ON AMES AND ADDRESSIV	State R.I. SSES OF THE DIRE TABOIN I III I State	02816 CTORS (*X* BOX FOR A	City  TTACHMENT)  Director Name  Street Address  City		
Street Address  21 VIOLA ST  City  COVENTRY  9. NAMES AND ADDRE  Director Name  JOSEPH To STA  Street Address  21 VIOLA ST  City	State R.I. SSES OF THE DIRE TABOIN I III I State	02816 CTORS (*X* BOX FOR A	City  TTACHMENT)  Director Name  Street Address  City  Director Name		
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ile Date: _	2-25-97
Check No.: _	107), 00
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OR SECRE	FARY OF STATE USE ONLY

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.

JOSEPH STALABOIN III Print or Type Name of Officer

PRESIDENT

Title of Officer



### **PROFIT CORPORATION** ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations James R. Langevin, Secretary of State

Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1

Ву:

filing Fee: \$50.00		DI CACE TARE OR D	BIRT IN OLAM BIR		
1. CORPORATE ID HO.	2. NAME OF CORPORATION	PLEASE TYPE UN P	RINT IN BLACK INK.	<del></del>	
67308	Rhode	Island Driving S	School, Inc.		
3. STECET ADDRESS PRINCIPAL BUSINES			atr	STATE	ZIP CODE
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Pr			ant Secretary, Treasurer,		
•		•	report, including	f perjury, I declare and a any accompanying sche ontained herein are true a	ffirm that I have examined this dules and statements, and that nd correct.
4/8	1910	·· ; ; ;	Sosyl	1 & Stata	hein III
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# State of Rhode Island and Providence Plantations Office of The Secretary of State 100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

ANNUAL REPORT

Please Type or Print File Annually - Jan. 1 - March 1 Filing Fee \$50.00

Make Checks Payable to: Secretary of State

#### ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID:	0067308	_ Annual Report for the year	1995 r:	
Name of Corpora	Rhode Island Driving	•		
Business entity orga	dress and telephone number of principal office:	[ ] Professional Service	k one): ion (See RIGL Chapter 7-1.1) ce Corporation (See RIGL Chapter 7-5.1) naracter of business conducted in Rhode Islan	nd:
Island (Provide stree  21 Viola  CoviNTRY	one of the principal office of business entity in Rhode et address - Not P.O. Box):  5.7.		TRAINING	
Phone: ( \( \frac{( \frac{\psi}{\psi} \frac{\psi}{\psi} \)}{2}	823-0440			
PRESIDENT	THE NAMES OF STREET A	THE OFFICERS ARE:	CITY:STATE ZI	IP CODE
Joseph VICE PRESIDENT				
MARY (	P. STALASOIL 21 Viale	ST. COUPAT	my R.T. 0,2513	ID CODE
MACY C	T. STALABOIN III 21 VIOLE STREET A  C. STALABOIN 21 VIOLE STREET A  STREET A  STREET A	ST. (TV/VT)	PCHYSTATE //	IP CODE
•	THE NAMES OF T	THE DIRECTORS ARE:		
NAME		,	CHY/STATE ZI	IP CODE
NAME	OFFICERS TO BE STREET A	Flor Ted	CITY/STATE ZI	IP CODE
NAME	STREET A	ADDRESS	CHYSTATE ZI	IP CODE
NUMBER OF SHAR	RES AUTHORIZED (Rider may be attached)	NUMBER OF SHARES ISSU	ED AND OUTSTANDING (Rider may be attach	ned)
Number of Shares	Class/Series No Value	Number of Shares	Class / Series	
Date For	6 PULARY 12, 19 95 By: 5	Joseph T. ST	alchier III	
Form 31 1/95	тіті. ғоғ	OFFICER SIGNING	Residen7	
	DESIGNATED REGISTERED AC	GENT FOR SERVICE OF	PROCESS:	

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

JOSEPH T. STALABOIN, III 21 VIOLA STREET COVENTRY RI 02816

FILED
FEB 1 5 1995
By A 1 4 6 6 5

Filing Fee \$50.00 Payable to: Secretary of State

#### PLEASE TYPE or PRINT

File Annually LLC Sept 1 - Nov. 1 CORP: Jan. 1 - March 1

#### State of Rhode Island and Providence Plantations Office of The Secretary of State

100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

Corporate ID:	0067308		Annual Report for th	e year:	1994	
Name of Business Entit	ty:		Phode Islan	nd Driving	5chool,_Inc.	
Business entity organized i	nder the laws of the State of: 24	de Island	Business Entity is	(check one): ess Corporation (See	PIGI Chapter 7.1.1)	
Federal Taxpayer Identifica	ation Number	· .		*	ration (See RIGL Chapte	er 7-5.1)
For foreign entity, address	and telephone number of principal o	ffice:	i	ed Liability Company		
	_		communications n	ailing address of conti nay be directed:	`	)
			Jaseph 7	_S.Talasai	2 (Pasident	/ <u>-</u>
Phone: ( )			21 Viel	19 S.T. TRY R.T.	02876	
*	he principal office of business entity	in Rhode				
Island (Provide street addre			Brief statement of	the character of busin	ness conducted in Rhode	Island.
2.L. Viola			1	- School		
_CO.VPNTRY,	R. F. 02816		DRIVNS	· · · · · · · · · · · · · · · · · · ·		
			Date of Organizat	ion: Maach 2	1992	
Phone: (4/11) 82,	<u>3-0440</u>		· ·	ion to do business in I MARCH 2, 199	Rhode Island (if foreign 92	entity).
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JUSEPH T	STALABOIN III			COVENTRY	R. F. 02814	ZIP CODE
CUSTODIAN OF RECORDS OR	STALABATU SICHERALVIALOW:			Ç., p	R. I. 12814	*
MARY C.	STALALOIV.	2{ <i>\\</i>	<u> </u>	DVLV POJE	T. 02816	ZIP CODE
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- <del></del>						
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DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

## State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID 905/505	Annual Report for the year
FIRST: The name of the corporation is	Rbode Island Driving School, Inc.
SECOND: It is incorporated under the laws of	STATE OF RHODE ISLAND
THIRD: Character of business, briefly stated, is	DRIVING SCHOOL
FOURTH: If foreign corporation, address of its pri	ncipal office
FIFTH: Business address in Rhode Island 21	VIOLA STREET, COVENTRY, R.I. 02816
SIXTH: Names and addresses of its directors and o	Officers: (Attach rider if necessary)  Address (including number, street, zip code)
Director	
Director	
JOSEPH T. STALABOIN III President	21 VIOLA ST. COVENTRY, R.I. 02816
MARY C. STALABOIN Vice Presider	nt 21 VIOLA ST. COVENTRY, R.I. 02816
MARY C. STALABOIN Secretary	21 VIOLA ST. COVENTRY, R.I. 02816
MARY C. STALABOIN Treasurer	21 VIOLA ST. COVENTRY, R.I. 02816
Seventh: Number of Shares authorized:	Par Value
No. of Shares Class	or statement that shares are without Series par value
(1)	A10 (NO VALUE)
Bioirin. Humber of bilares libued.	Par Value or statement that shares are without par value
Dated MARCH 22, 19 .93.  (No. 19 .93.  (Report must be signed by an officer)  Form 31 .1785	Rhode Island Driving School Inc.  Name of Corporation)  Mary Malaborn  itle Viel Resident