



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

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 67306		2. Name of Corporation Rhode Island Driving School, Inc.		
3. Street Address Principal Business Office 21 VIOLA ST.		City COVENTRY	State R.I.	Zip 02816
4. Business Phone No. 401-823-0440		5. State of Incorporation RHODE ISLAND		6. SIC Code 8730
7. Brief Description of the Character of Business Conducted in Rhode Island DRIVING SCHOOL.				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name JOSEPH T. STALABOIN III		Vice President Name MARY C. STALABOIN		
Street Address 21 VIOLA ST.		Street Address 21 VIOLA ST.		
City COVENTRY	State R.I.	Zip 02816	City COVENTRY	State R.I.
Secretary Name MARY C. STALABOIN		Treasurer Name MARY C STALABOIN		
Street Address 21 VIOLA ST		Street Address 21 VIOLA ST.		
City COVENTRY	State R.I.	Zip 02816	City COVENTRY	State R.I.
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name OFFICERS TO BE ELECTED		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES		ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
1 NO PAR VALUE			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 **FILED**
Check No. **FEB 22 2006** 3178
By: **hnb**
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.

Signature of Officer Joseph T. Stalaboin III Date 2-18-05
Print or Type Name of Officer Joseph T. Stalaboin III
Title of Officer President



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

Corporations Division
100 North Main Street
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401.222.3040

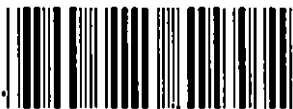
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 67308		2. Name of Corporation Rhode Island Driving School, Inc.			
3. Street Address Principal Business Office 21 VIOLA ST.		City COVENTRY	State R.I.	Zip 02816	
4. Business Phone No. 401-821-6326		5. State of Incorporation RHODE ISLAND		6. SIC Code 8730	
7. Brief Description of the Character of Business Conducted in Rhode Island DRIVING SCHOOL.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Joseph T. STALABAIN III			Vice President Name MARY C. STALABAIN		
Street Address 21 VIOLA ST.			Street Address SAME		
City COVENTRY	State R.I.	Zip 02816	City SAME	State SAME	Zip SAME
Secretary Name MARY C. STALABAIN			Treasurer Name		
Street Address 21 VIOLA ST.			Street Address		
City COVENTRY	State R.I.	Zip 02816	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Joseph T. STALABAIN III			Director Name		
Street Address 21 VIOLA ST.			Street Address		
City COVENTRY	State R.I.	Zip 02816	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1 NO PAR VALUE			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



* 6 7 3 0 8 *

File Date 3/25/04
Check No. 2931
By: W.

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.

Joseph T. Stalabain III 3-23-04
Signature of Officer Date
Joseph T. STALABAIN III
Print or Type Name of Officer
President
Title of Officer



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

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 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **67308** 2. Name of Corporation **Rhode Island Driving School, Inc.**
3. Street Address Principal Business Office
21 VIOLA ST.
4. Business Phone No. **9401) 823-0440** 5. State of Incorporation **RHODE ISLAND**
7. Brief Description of the Character of Business Conducted in Rhode Island

City **COVENTRY** State **R.I.** Zip **02816**
6. SIC Code **8730**

AUTOMOBILE DRIVING TRAINING

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name **JOSEPH T. STALABOIN III**
Street Address
21 VIOLA ST.
City **COVENTRY** State **R.I.** Zip **02816**

Vice President Name **MARY C. STALABOIN**
Street Address
21 VIOLA ST.
City **COVENTRY** State **R.I.** Zip **02816**

Secretary Name **MARY C, STALABOIN**
Street Address
21 VIOLA ST.
City **COVENTRY** State **R.I.** Zip **02816**

Treasurer Name **MARY C. STALABOIN**
Street Address
21 VIOLA ST.
City **COVENTRY** State **R.I.** Zip **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
21 VIOLA ST.
City **COVENTRY** State **R.I.** Zip **02816**

Director Name
Street Address
City State Zip

Street Address
City State Zip

Street Address
City State Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
1 SHS COMMO NO PAR

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



* 6 7 3 0 8 *

3-10-03

File Date: **26-28**

Check No.: **2**

By: _____

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.

Joseph T. Stalaboin III **3-6-03**
Signature of Officer Date

JOSEPH T. STALABOIN III
Print or Type Name of Officer

(PRESIDENT)
Title of Officer



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

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **67308** 2. Name of Corporation **Rhode Island Driving School, Inc.**
3. Street Address Principal Business Office **21 VIOLA ST.** City **COVENTRY** State **R. I.** Zip **02816**
4. Business Phone No. **401-823-0440** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8730**
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) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name JOSEPH T. STALABOIN III Street Address 21 VIOLA ST. City COVENTRY State R. I. Zip 02816	Vice President Name MARY C STALABOIN Street Address SAME City SAME State SAME Zip SAME
Secretary Name MARY C STALABOIN Street Address 21 viola st City COVENTRY State R. I. Zip 02816	Treasurer Name SAME Street Address SAME City SAME State SAME Zip SAME

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 21 VIOLA ST City COVENTRY State R. I. Zip 02816	Director Name SAME Street Address SAME City SAME State SAME Zip SAME
Director Name SAME Street Address SAME City SAME State SAME Zip SAME	Director Name SAME Street Address SAME City SAME State SAME Zip SAME

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1 NO PAR VALUE		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
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



* 6 7 3 0 8 *

File Date: 3-6-02

Check No.: 2309

By: [Signature]

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.

Joseph T. Stalaboin III 3-4-02
Signature of Officer Date

JOSEPH T. STALABOIN III
Print or Type Name of Officer

PRESIDENT
Title of Officer





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



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **67308** 2. Name of Corporation **Rhode Island Driving School, Inc.**

3. Street Address Principal Business Office **21 VIOLA ST.** City **COVENTRY** State **R.I.** Zip **02816**
4. Business Phone No. **401-823-0440** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8730**

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) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name JOSEPH T. STALABOIN III Street Address 21 VIOLA ST. City COVENTRY State R.I. Zip 02816 Secretary Name MARY C. STALABOIN Street Address 21 VIOLA ST. City COVENTRY State R.I. Zip 02816	Vice President Name MARY C. STALABOIN Street Address same City same State R.I. Zip 02816 Treasurer Name same Street Address same City same State R.I. Zip 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 21 VIOLA ST. City COVENTRY State R.I. Zip 02816 Director Name JOSEPH T. STALABOIN III Street Address 21 VIOLA ST. City COVENTRY State R.I. Zip 02816	Director Name Street Address City State Zip Director Name Street Address City State Zip
--	--

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

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
1	NO PAR VALUE	

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

ISSUED SHARES		
Number of Shares	Class/Series	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



* 6 7 3 0 8 *

File Date: 2/12/2001

Check No.: 2023

By: [Signature]

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.

Joseph T. Stalaboin III 2-9-01
Signature of Officer Date

JOSEPH T. STALABOIN III
Print or Type Name of Officer

President
Title of Officer



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

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 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **67308** 2. Name of Corporation **Rhode Island Driving School, Inc.**

3. Address Principal Business Office

21 VIOLA ST.

4. Business Phone No.

401-823-0440

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

AUTO DRIVING TRAINING

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

JOSEPH T. STALABOIN III

Street Address

21 VIOLA ST.

City

State

Zip

COVENTRY R.I. 02816

Secretary Name

APRIL LEFLEUR

Street Address

24 SHADY LANE

City

State

Zip

PASCOAG R.I. 02814

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

21 VIOLA ST.

City

State

Zip

COVENTRY R.I. 02816

Director Name

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1 SHS NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

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



* 6 7 3 0 8 *

File Date: 3/13/00

Check No.: 1784

By: [Signature]

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.

Joseph T. Stalaboin III 3-13-2000
Signature of Officer Date

Joseph T. STALABOIN III 3-13-2000
Print or Type Name of Officer

President
Title of Officer



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

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

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. 67308		2. Name of Corporation Rhode Island Driving School, Inc.	
3. Street Address Principal Business Office 21 VIOLA ST.		City COVENTRY	State R. I.
4. Business Phone No. 401-823-0440		5. State of Incorporation RHODE ISLAND	
6. SIC Code 8730		Zip 02816	
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) FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name JOSEPH T. STALABOIN III		Vice President Name MARY C. STALABOIN	
Street Address 21 VIOLA ST		Street Address COVENTRY	
City COVENTRY	State R. I.	City COVENTRY	State R. I.
Zip 02816		Zip 02816	
Secretary Name MARY C. STALABOIN		Treasurer Name	
Street Address 21 VIOLA ST		Street Address	
City COVENTRY	State R. I.	City	State
Zip 02816		Zip	
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name JOSEPH T. STALABOIN III		Director Name	
Street Address 21 VIOLA ST		Street Address	
City COVENTRY	State R. I.	City	State
Zip 02816		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)			
AUTHORIZED SHARES			
Number of Shares	Class/Series	Par Value	
1 SHS NO PAR VALUE			
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
ISSUED SHARES			
Number of Shares	Class/Series	Par Value	
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: March 18, 1999

Check No.: 1560

By: [Signature]

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.

Joseph T. Stalaboin III 3-17-99
Signature of Officer Date

Joseph T. STALABOIN III
Print or Type Name of Officer

President
Title of Officer



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

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



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1998**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **67308** 2. Name of Corporation **Rhode Island Driving School, Inc.**
3. Street Address Principal Business Office **21 VIOLA STREET** City **COVENTRY** State **R.I.** Zip **02816**
4. Business Phone No. **401-823-0440** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8730**

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

JOSEPH T. STALABOIN III

Street Address

21 VIOLA STREET

City **COVENTRY** State **R.I.** Zip **02816**

Secretary Name

MARY C. STALABOIN

Street Address

21 VIOLA STREET

City **COVENTRY** State **R.I.** Zip **02816**

Vice President Name

MARY C. STALABOIN

Street Address

21 VIOLA STREET

City **COVENTRY** State **R.I.** Zip **02816**

Treasurer Name

Street Address

City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name

JOSEPH T. STALABOIN III

Street Address

21 VIOLA STREET

City **COVENTRY** State **R.I.** Zip **02816**

Director Name

Director Name

Street Address

City State Zip

Director Name

Street Address

City State Zip

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

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

1 SHS NO PAR VALUE

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

ISSUED SHARES

Number of Shares Class/Series Par Value

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: **4-10-98**

Check No.: **1335**

By: **AMF**

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.

Joseph T. Stalaboin III 4-8-98
Signature of Officer Date

JOSEPH T. STALABOIN III

Print or Type Name of Officer

PRESIDENT

Title of Officer



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

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



PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 67308		2. Name of Corporation Rhode Island Driving School, Inc.	
3. Street Address Principal Business Office 21 VIOLA ST		City COVENTRY	State R.I.
4. Business Phone No. 1-401-823-0440		5. State of Incorporation RHODE ISLAND	6. SIC Code 8730
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 JOSEPH T. STALABOIN III		Vice President Name MARY C. STALABOIN	
Street Address 21 VIOLA ST		Street Address 21 VIOLA ST	
City COVENTRY	State R.I.	City COVENTRY	State R.I.
Zip 02816		Zip 02816	
Secretary Name MARY C. STALABOIN		Treasurer Name	
Street Address 21 VIOLA ST		Street Address	
City COVENTRY	State R.I.	City	State
Zip 02816		Zip	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)			
Director Name JOSEPH T. STALABOIN III		Director Name	
Street Address 21 VIOLA ST		Street Address	
City COVENTRY	State R.I.	City	State
Zip 02816		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)			
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
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



File Date: 2-25-97
Check No.: 1071
By: WUP
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.

Signature of Officer: Joseph Stalaboin III Date: 2-20-97
Print or Type Name of Officer: **JOSEPH STALABOIN III**
Title of Officer: **PRESIDENT**

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
Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 67308		2. NAME OF CORPORATION Rhode Island Driving School, Inc.					
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 21 Viola ST.				CITY COVENTRY	STATE R.I.	ZIP CODE 02816	
4. BUSINESS PHONE NO. 401-823-0440		5. STATE OF INCORPORATION RHODE ISLAND				6. SIC CODE 8730	
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND Teaching Driving							
8. NAMES AND ADDRESSES OF THE OFFICERS							
PRESIDENT NAME Joseph T. STALABOIN III				VICE PRESIDENT NAME MARY C. STALABOIN			
STREET ADDRESS 21 Viola ST.				STREET ADDRESS 21 Viola ST.			
CITY COVENTRY	STATE R.I.	ZIP CODE 02816		CITY COVENTRY	STATE R.I.	ZIP CODE 02816	
SECRETARY NAME MARY C. STALABOIN				TREASURER NAME SAME			
STREET ADDRESS 21 Viola ST.				STREET ADDRESS			
CITY COVENTRY	STATE R.I.	ZIP CODE 02816		CITY	STATE	ZIP CODE	
9. NAMES AND ADDRESSES OF THE DIRECTORS							
DIRECTOR NAME Joseph T. STALABOIN III				DIRECTOR NAME			
STREET ADDRESS 21 Viola ST.				STREET ADDRESS			
CITY COVENTRY	STATE R.I.	ZIP CODE 02816		CITY	STATE	ZIP CODE	
DIRECTOR NAME				DIRECTOR NAME			
STREET ADDRESS				STREET ADDRESS			
CITY	STATE	ZIP CODE		CITY	STATE	ZIP CODE	
10. SHARES AUTHORIZED AND ISSUED							
AUTHORIZED SHARES				ISSUED SHARES			
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE		NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	
1	SHS NO PAR VALUE			1	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.

File Date:

4/8/96

Check No:

854

By:

Joseph T. Stalaboin III

For Secretary of State Use Only

Signature of Officer

Joseph T. STALABOIN III

Print or Type Name of Officer

PRESIDENT

Title of Officer

2-20-96

Date



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: 0057308 Annual Report for the year: 1995

Name of Corporation: Rhode Island Driving School, Inc.

Business entity organized under the laws of the State of: _____

Business Entity is (check one):

For foreign entity, address and telephone number of principal office:

☒ Business Corporation (See RIGL Chapter 7-1.1)

☐ Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: () _____

Brief statement of the character of business conducted in Rhode Island:

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

21 Viola ST
COVENTRY, R.I. 02816

DRIVING TRAINING

Phone: (401) 823-0440

THE NAMES OF THE OFFICERS ARE:

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT	<u>Joseph T. Stalaboin III</u>	<u>21 Viola ST. COVENTRY R.I. 02816</u>	
VICE PRESIDENT			
SECRETARY	<u>Mary C. Stalaboin</u>	<u>21 Viola ST. COVENTRY R.I. 02816</u>	
TREASURER	<u>Mary C. Stalaboin</u>	<u>21 Viola ST. COVENTRY R.I. 02816</u>	

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>OFFICERS TO BE ELECTED</u>			
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares	Class / Series
<u>1</u>	<u>No Value</u>

Number of Shares	Class / Series
------------------	----------------

Date February 12, 1995

By: Joseph T. Stalaboin III
Joseph T. Stalaboin III
PRINT OR TYPE NAME OF OFFICER SIGNING
TITLE OF OFFICER SIGNING PRESIDENT

Form 3-1/95

DESIGNATED REGISTERED AGENT 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 15 1995

By DC #615

Filing Fee \$50.00
Payable to:
Secretary of State

PLEASE TYPE OR PRINT
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

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

Corporate ID: 0067308 Annual Report for the year: 1994

Name of Business Entity: Rhode Island Driving School, Inc.

Business entity organized under the laws of the State of: Rhode Island

Federal Taxpayer Identification Number [REDACTED]

For foreign entity, address and telephone number of principal office:

Phone: ()

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

21 Viola Street
COVENTRY, R.I. 02816

Phone: (401) 823-0440

Business Entity is (check one):

- ☒ Business Corporation (See RIGL Chapter 7-1.1)
☐ Professional Service Corporation (See RIGL Chapter 7-5.1)
☐ Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

Joseph T. Stalaboin (President)
21 Viola St.
COVENTRY, R.I. 02816

Brief statement of the character of business conducted in Rhode Island.

Driving School
Driver's Ed.

Date of Organization: March 2, 1992

Date of Qualification to do business in Rhode Island (if foreign entity):

MARCH 2, 1992

THE NAMES OF THE OFFICERS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<input checked="" type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (check one) <u>Joseph T. Stalaboin III</u>	<u>21 Viola St.</u>	<u>COVENTRY, R.I.</u>	<u>02816</u>
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input type="checkbox"/> VICE PRESIDENT (check one)			
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input type="checkbox"/> SECRETARY (check one)	<u>MARY C. Stalaboin</u>	<u>21 Viola St.</u>	<u>COVENTRY, R.I.</u>
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (check one)	<u>MARY C. Stalaboin</u>	<u>21 Viola St.</u>	<u>COVENTRY, R.I.</u>
	<u>MARY C. Stalaboin</u>	<u>21 Viola St.</u>	<u>COVENTRY, R.I.</u>

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 1

CLASS

SERIES

PAR VALUE OR
WITHOUT PAR

no value

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER

CLASS

SERIES

PAR VALUE OR
WITHOUT PAR

FILED

MAR 25 1994

By 396713

Date MARCH 23, 19 94

By

Joseph T. Stalaboin III
Joseph T. STALABOIN III

PRINT OR TYPE NAME OF OFFICER SIGNING

PRESIDENT
TITLE OF OFFICER SIGNING

Form 31 1994

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

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

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

DB 222

Corporate ID 0057502 Annual Report for the year 1993

FIRST: The name of the corporation is Rhode 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 principal office

FIFTH: Business address in Rhode Island 21 VIOLA STREET, COVENTRY, R.I. 02816

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
JOSEPH T. STALABOIN III	President	21 VIOLA ST. COVENTRY, R.I. 02816
MARY C. STALABOIN	Vice President	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:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
(1)		PAID	(NO VALUE)

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
		MAR 24 1993 SECY OF STATE	

Dated MARCH 22, 19 93.

Rhode Island Driving School, Inc.
(Name of Corporation)

By Mary C. Stalaboin

Title Vice President

(Report must be signed by an officer)