



2019

**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. 7-1.2-1501(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 Street</u>			City <u>Coventry</u>	State <u>R.I.</u>	Zip <u>02814</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 (Willow)</u>					
7. NAMES AND ADDRESSES OF THE OFFICERS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <u>Joseph T. Stalabain II</u>			Vice President Name <u>MARY C. STALABAIN</u>		
Street Address <u>21 Viola Street</u>			Street Address <u>SAME</u>		
City <u>Coventry</u>	State <u>R.I.</u>	Zip <u>02814</u>	City <u>Coventry</u>	State <u>R.I.</u>	Zip <u>02814</u>
Secretary Name <u>MARY STALABAIN</u>			Treasurer Name <u>MARY 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>02814</u>	City <u>Coventry</u>	State <u>R.I.</u>	Zip <u>02814</u>
8. NAMES AND ADDRESSES OF THE DIRECTORS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <u>Joseph T. Stalabain II</u>			Director Name		
Street Address <u>13 Cote Court</u>			Street Address		
City <u>Coventry</u>	State <u>R.I.</u>	Zip <u>02814</u>	City	State	Zip
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>02814</u>	City	State	Zip
9. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>		
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 Par Value Common NoPar</u>			<u>None</u>	<u>0</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 11 2019

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 II 2-7-19  
 Signature Date

BY [Signature] Joseph T. Stalabain II  
 Print or Type Name

President  
 Title

File Date \_\_\_\_\_  
 Check No. \_\_\_\_\_  
 By: \_\_\_\_\_  
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