



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 2019

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>
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 (Willard)</u>			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> 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 Street</u>		Street Address <u>SAME</u>	
City <u>Coventry</u>	State <u>R.I.</u>	City <u>Coventry</u>	State <u>R.I.</u>
Zip <u>02814</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>	City <u>Coventry</u>	State <u>R.I.</u>
Zip <u>02814</u>		Zip <u>02814</u>	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name <u>Joseph T. STALABAIN III</u>		Director Name	
Street Address <u>13 COTE COURT</u>		Street Address	
City <u>Coventry</u>	State <u>R.I.</u>	City	State
Zip <u>02814</u>		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>	City	State
Zip <u>02814</u>		Zip	
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>	
AUTHORIZED SHARES		ISSUED SHARES — THIS SECTION MUST BE COMPLETED	
Number of Shares	Class/Series	Par Value	
<u>1 No Par Value Common No Par</u>	<u>None</u>	<u>0.00</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.

Signature Joseph T. Stalabain III Date 2-7-19

Print or Type Name Joseph T. STALABAIN III

Title President

File Date _____
Check No. _____
By: _____

FOR SECRETARY OF STATE USE ONLY