



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. 108991 2. Name of Corporation PIRES AUTO SCHOOL, INC

3. Street Address Principal Business Office

423 Weeden Street

City

Pawtucket

State

RI

Zip

02860

4. Business Phone No.

(401)722-3098

5. State of Incorporation
RHODE ISLAND

6. SIC Code

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) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name

Julio D. DePina

Vice President Name

Lynne Finnegan DePina

Street Address

Street Address

172 Sisson Street #2

172 Sisson Street #2

City

State

Zip

City

State

Zip

Pawtucket

RI

02860

Pawtucket

RI

02860

Secretary Name

Treasurer Name

none

none

Street Address

Street Address

City

State

Zip

City

State

Zip

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

Director Name

Director Name

none

Street Address

Street Address

City

State

Zip

City

State

Zip

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

none

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



* 1 0 8 9 9 1 *

File Date: 8/15/01

Check No: 123

By: COM

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.

Lynne DePina 8/26/01
Signature of Officer Date

Lynne DePina

Print or Type Name of Officer

Vice 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. 108991 2. Name of Corporation Pires Auto School Inc.
3. Street Address Principal Business Office 423 Weeden Street City Pawtucket State RI Zip 02860
4. Business Phone No. (401) 722-3098 5. State of Incorporation Rhode Island 6. SIC Code 8888

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) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Vice President Name
Julio D. De Pina	Lynne T. De Pina
Street Address	Street Address
47 Pine Street	47 Pine Street
City State Zip	City State Zip
Pawtucket RI 02860	Pawtucket RI 02860
Secretary Name	Treasurer Name
----	----
Street Address	Street Address
City State Zip	City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Director Name
----	----
Street Address	Street Address
City State Zip	City State Zip
Director Name	Director Name
----	----
Street Address	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1000 par value

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

ISSUED SHARES
Number of Shares Class/Series Par Value
none

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

File Date: 8-17-00
Check No.: 1363
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.

Lynne T. De Pina Aug 15, 2000
Signature of Officer Date
Lynne T. De Pina
Print or Type Name of Officer
Vice President
Title of Officer