



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2019

Limited Liability Company

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

FILED

NOV 12 2019

BY

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1. Entity ID Number 1659227		2. Exact name of the Limited Liability Company EXPERTISE DRIVING SCHOOL, LLC			
3. NAICS Code 611692 for Services (except P		4. Brief description of the character of business conducted in Rhode Island DRIVING SCHOOL			
5. State of Formation RHODE ISLAND					
6. Principal Office Address P O BOX 27347		City PROVIDENCE		State RI	Zip 02907
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name MAXIMO ZAPATA		Contact Title MANAGER			
Street Address P O BOX 27347		City PROVIDENCE		State RI	Zip 02907
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name MAXIMO ZAPATA		Manager Name			
Street Address P O BOX 27347		Street Address			
City PROVIDENCE	State RI	Zip 02907	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
<i>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.</i>					
Name of Authorized Person MAXIMO ZAPATA				Date 09/26/2019	
Signature of Authorized Person 				SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services
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