



State of Rhode Island  
**Department of State - Business Services Division**

**FILED**

**Annual Report for the year:** 2021  
**Corporation**

**MAR 15 2021**

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

BY 1360

1. Entity ID Number 000787952		2. Exact name of the Corporation NEWPORT COUNTY DRIVING SCHOOL, INC.			
3. Principal Office Address 1148 Stafford Rd.			City Tiverton	State RI	Zip 02878
4. NAICS Code 611519		6. Brief description of the character of business conducted in Rhode Island Driving Instruction			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name John M. Leeds			Vice-President Name Luke Laputka		
Street Address 2156 Main Rd.			Street Address 3716 Donatello Ct. 2C		
City Tiverton	State RI	Zip 02878	City West Valley	State Utah	Zip 84119
Secretary Name			Treasurer Name John M. Leeds		
Street Address			Street Address 2156 Main Rd.		
City	State	Zip	City Tiverton	State RI	Zip 02878
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			100		PAR VALUE
			common		no par
11. 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. <b>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.</b>					
Name of Authorized Representative John M. Leeds, President				Date Mar 1, 2021	
Signature of Authorized Representative 					

**MAIL TO:**  
 Division of Business Services  
 148 W River Street, Providence, Rhode Island 02904-2615  
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 Website: www.sos.ri.gov