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State of Rhode Isla		٠	viese Divinion							
Department of Sta	à	er	vices Division		(man a 1970) ETA					
Annual Report for the year: 2021				FLED						
→ Filing period: January 1 - March 1				9 - 0004						
→ Filing Fee: \$50.00				MAR 3 0 2021						
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.				221						
, , , , , , , , , , , , , , , , , , , 					BY					
Entity ID Number	2. Exact name of	the	Corporation			12		<u> </u>		
000108991	PIRES AU	ГО	SCHOOL, IN	1C						
Principal Office Address				City			State	Zip		
6 WEBSTER STREET				PAWTUCKET			RI	02860		
4. NAICS Code 6. Brief description of the character of business conducted in Rhode Island										
611000										
5. State of Incorporation	1									
RI	DRIVING	SC	HOOL							
7. List ALL officers (names and addresses)					Check the box to indicate an attachment					
President Name					Vice-President Name					
JULIO DEPINA				NILO PINA						
Street Address				Street Address						
6 WEBSTER STREET				30 WILMIGTON STREET						
City				City						
PAWTUCKET	RI		2860	BROCE	CTON	MA	İ	02301		
Secretary Name					Treasurer Name					
Street Address				Street Address						
City	State	state Zip		City		State		Zip		
8. List ALL directors (names and addresses)					Che	ck the ho	x to indic:	ate an attachment		
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		
9. Shares Authorized	<u> </u>		10. Shares Issued	<u> </u>	Che	ck the bo	x to indic	ate an attachment		
This information is currently of record in the NUMBER OF SH										
Department of State.			1000					0		
Changes require an additional										
11. This report must be executed						is in the h	ands of a	receiver or		
trustee, this report must be exec										
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and										
stafements, and that all statements contained herein are true and correct.										
Name of Authorized Representative							Date /	20/2021		
Signature of Authorized Representative										
JULIO DEPINA										

RI SOS Filing Number: 202195205860 Date: 3/30/2021 4:00:00 PM

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

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