RI SOS Filing Number: 202100913640 Date: 9/3/2021 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

2021 Annual Report for the year: **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.

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| Entity ID Number 2 Exact name of the Limited Liability Company | | | | | | | | | |
|--|--|----------------------|------------------------------------|---------------------|--------------------|--|--|--|--|
| 001694619 | FOVOY'S Driving School LLC | | | | | | | | |
| 3. NAICS Code 6 1169) | 4. Brief description of the character of business conducted in Rhode Island Road Driving School, Teaching Student how to drive on the road Safety. | | | | | | | | |
| | | | | | | | | | |
| 6. Principal Office Address 105 Burnett | St. # | ₩. I | Providence | State | ZIP 02907 | | | | |
| 7 Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | | | | | |
| Contact Name Edwin T. Kortu | | | Contact Title Mayagey | | | | | | |
| Street Address 105 Burnett St. April | | | cir Providences | State | ZIP 07907 | | | | |
| 8 List ALL managers (names a | nd addresses) c | if the Limited Liabi | ility Company, IF APPLICABLE - [| OO NOT LIST ME | MBERS | | | | |
| Manager Name | | | Manager Name | | | | | | |
| Street Address | | | Street Address | | | | | | |
| City | State | Zip | City | State | Zıp | | | | |
| Manager Name | , | | Manager Name | | | | | | |
| Street Address | | | Street Address | | | | | | |
| City | State | Zıp | City | State | Zıp | | | | |
| | | | Che | eck the box to indi | cate an attachment | | | | |
| 9. The Resident Agent information | on currently of re | ecord with the RI | Department of State is accurate. C | hanges require fi | ling Form 642 | | | | |
| 9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642 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. | | | | | | | | | |
| Name of Authorized Person Edwin T. Kortu Date 09/03/2021 | | | | | | | | | |
| Signature of Authorized Person | | | | | | | | | |

MAIL TO:

Division of Business Services

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

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

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2.00 FORM 632 - Revised: 08/2020