



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED
MAR 08 2023
 BY 1590 *DS*

1. Entity ID Number 787952		2. Exact name of the Corporation NEWPORT COUNTY DRIVING SCHOOL, INC.			
3. Principal Office Address 1148 STAFFORD ROAD			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) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JOHN M. LEEDS			Vice-President Name LUKE LAPUTKA		
Street Address 969 West Main Rd. Unit 2201			Street Address 571 E 2100 S.		
City Middletown	State RI	Zip 02842	City Salt Lake City	State UT	Zip 84106
Secretary Name			Treasurer Name JOHN M. LEEDS		
Street Address			Street Address 969 West Main Rd. Unit 2201		
City	State	Zip	City Middletown	State RI	Zip 02842
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100		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. 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 Representative JOHN M. LEEDS, PRESIDENT					Date 2/22/2023
Signature of Authorized Representative 					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov