



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

STAMP

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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BUS. SVCS. DIV.

2023 MAR 23 AM 10:55

1. Entity ID Number 000796522			2. Exact name of the Corporation 401 Driving School, Inc.		
3. Principal Office Address 59 Plymouth Road			City North Providence	State RI	Zip 02904
4. NAICS Code 611519		6. Brief description of the character of business conducted in Rhode Island Behind the wheel 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 Steven G. Woodruff			Vice-President Name Gina M. Zanni		
Street Address 59 Plymouth Road			Street Address 59 Plymouth Road		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
Secretary Name N/A			Treasurer Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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			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		
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 Steve G. Woodruff				Date 3.20.2023	
Signature of Authorized Representative 					

FILED

MAR 23 2023
BY ML490