



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.

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------|--------------|
| 1. Entity ID Number<br>000796522                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                     | 2. Exact name of the Corporation<br>401 Driving School, Inc.                                                          |                          |                   |              |
| 3. Principal Office Address<br>59 Plymouth Road                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                     | City<br>North Providence                                                                                              |                          | State<br>RI       | Zip<br>02904 |
| 4. NAICS Code<br>611519                                                                                                                                                                                                                                                                                                                                                                                                                                          | 6. Brief description of the character of business conducted in Rhode Island<br>Behind the wheel driving instruction |                                                                                                                       |                          |                   |              |
| 5. State of Incorporation<br>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<br>Steven G. Woodruff                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                     | Vice-President Name<br>Gina M. Zanni                                                                                  |                          |                   |              |
| Street Address<br>59 Plymouth Road                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                     | Street Address<br>59 Plymouth Road                                                                                    |                          |                   |              |
| City<br>North Providence                                                                                                                                                                                                                                                                                                                                                                                                                                         | State<br>RI                                                                                                         | Zip<br>02904                                                                                                          | City<br>North Providence | State<br>RI       | Zip<br>02904 |
| Secretary Name<br>N/A                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                     | Treasurer Name<br>N/A                                                                                                 |                          |                   |              |
| Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                     | Street Address                                                                                                        |                          |                   |              |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                             | State                                                                                                               | Zip                                                                                                                   | City                     | State             | Zip          |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                                                                                                                                                                                                                                  |                                                                                                                     |                                                                                                                       |                          |                   |              |
| 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 <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.<br><br>Changes require an additional filing.                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                     | NUMBER OF SHARES                                                                                                      |                          | CLASS/SERIES      |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                     | 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.<br><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<br>Steve G. Woodruff                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                     |                                                                                                                       |                          | Date<br>3.20.2023 |              |
| Signature of Authorized Representative<br>                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                     |                                                                                                                       |                          |                   |              |

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BY ML490

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