



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
24 JAN 31 PM 12:54:31

Annual Report for the year: 2024
Corporation

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

1. Entity ID Number 000 796522	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 Steve G. Woodruff			Treasurer Name Steven G. Woodruff		
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.	NUMBLR OF SHARLS	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100		\$ 0.01

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 Stven G. Woodruff	Date 1.27.2024
---	--------------------------

Signature of Authorized Representative 	FILED 1/25/24 JAN 31 2024 98 965
--	---

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

BY _____