



State of Rhode Island

Department of State - Business Services Division

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.

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1. Entity ID Number 112314			2. Exact name of the Corporation Advanced Driving & Security Inc.		
3. Principal Office Address PO Box 19241			City Johnston	State RI	Zip 02919
4. NAICS Code 611692		6. Brief description of the character of business conducted in Rhode Island Provide training services for drivers of private, personal and corporate customers.			
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 Anthony Ricci			Vice-President Name Anthony Ricci		
Street Address 31 Killian Road			Street Address 31 Killian Road		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Anthony Ricci			Treasurer Name Anthony Ricci		
Street Address 31 Killian Road			Street Address 31 Killian Road		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Anthony Ricci			Director Name		
Street Address 31 Killian Road			Street Address		
City Johnston	State RI	Zip 02919	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	None
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 Anthony Ricci, President				Date 3.2.24	
Signature of Authorized Representative 					

MAIL TO:
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Website: www.sos.ri.gov