FILEDSTAMP

Annual Report for the year: 2024 Limited Liability Company

-> 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 1659227		2. Exact name of the Limited Liability Company EXPERTISE DRIVING SCHOOL, LLC					
3. NAICS Code 611692	4. Brief description of the charact DRIVING SCHOOL	Brief description of the character of business conducted in Rhode Island     DRIVING SCHOOL					
5. State of Formation RHODE ISLAND							
6. Principal Office Address P O BOX 27347		city PROVIDENCE	State RI	Zip 02907			
7. Mailing Address of Limite	ed Liability Company and Name or Title	of Contact Person					
Contact Name MAXIMO ZAPATA		Contact Title MANAGER					
Street Address P O BOX 27347		City PROVIDENCE	State RI	<sup>Zip</sup> 02907			
8. The Resident Agent info	mation currently of record with the RI D	epartment of State is accurate	. Changes requir	e filing Form 642.			
	I declare and affirm that I have exami tatements contained herein are true a		ny accompanyin	g schedules and			
Name of Authorized Person			Date				
MAXIMO ZAPATA			11/30/2023				

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov