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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.

1. Entity ID Number 000067308		2. Exact name of the Corporation RHODE ISLAND DRIVING SCHOOL INC.												
3. Principal Office Address 21 VIOLA ST.			City COVENTRY	State R.I.	Zip 02816									
4. NAICS Code 611692		6. Brief description of the character of business conducted in Rhode Island TEACH HOW TO DRIVE BEHIND WHEEL												
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 JOSEPH T. STALABOIN III			Vice-President Name MARY C. STALABOIN											
Street Address 21 VIOLA STREET			Street Address 21 VIOLA STREET											
City COVENTRY	State R.I.	Zip 02816	City COVENTRY	State R.I.	Zip 02816									
Secretary Name MARY C. STALABOIN			Treasurer Name MARY C. STALABOIN											
Street Address 21 VIOLA STREET			Street Address 21 VIOLA STREET											
City COVENTRY	State R.I.	Zip 02816	City COVENTRY	State R.I.	Zip 02816									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name JOSEPH T. STALABOIN IV			Director Name											
Street Address 13 COTE COURT			Street Address											
City COVENTRY	State R.I.	Zip 02816	City	State	Zip									
Director Name APRIL LAFLEUR			Director Name											
Street Address 21 VIOLA STREET			Street Address											
City COVENTRY	State R.I.	Zip 02816	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"/>											
			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> <tr> <td>NONE</td> <td>NONE</td> <td>NONE</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	NONE	NONE	NONE			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
NONE	NONE	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 JOSEPH T. STALABOIN III					Date 7-22-24									
Signature of Authorized Representative <i>Joseph T. Stalaboin III</i>														

FILED

JUL 24 2024

BY 1536

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