



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

of State
Division
ver Street
04-2615
222.3040

2013

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PR**
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after subject to a penalty fee of \$25.00.

ed)) is

1. Corporate ID No. 17255		2. Name of Corporation Holiday Auto, Inc.			State RI		Zip 02863		
3. Street Address Principal Business Office 1295 High Street				City Central Falls		State RI		Zip 02863	
4. Business Phone No. (401) 722-8445			5. State of Incorporation Rhode Island						
6. Brief Description of the Character of Business Conducted in Rhode Island Motor Vehicle Sales and Service									
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS									
President Name Carlos A. Correia					Vice President Name Carlos A. Correia				
Street Address 231 Minerva Avenue					Street Address 231 Minerva Avenue				
City Cumberland		State RI	Zip 02864		City Cumberland		State RI	Zip 02864	
Secretary Name Delores M. Correia					Treasurer Name Carlos A. Correia				
Street Address 231 Minerva Avenue					Street Address 231 Minerva Avenue				
City Cumberland		State RI	Zip 02864		City Pawtucket		State RI	Zip 02864	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS									
Director Name Carlos A. Correia					Director Name Delores M. Correia				
Street Address 231 Minerva Avenue					Street Address 231 Minerva Avenue				
City Cumberland		State RI	Zip 02864		City Cumberland		State RI	Zip 02864	
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 Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.					10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					ISSUED SHARES — THIS SECTION MUST BE COMPLETED				
Number of Shares		Class/Series			Par Value				
100 Shares		Common			No Par Value				

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.

FILED

NOV 26 2012

BY 184012 DS

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Signature Carlos Correia Date 11-26-12

Print or Type Name
Carlos A. Correia

President

Title