



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

of State
Division
ver Street
004-2615
222-3040

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.

2016

ed) is

1. Corporate ID No. 17255		2. Name of Corporation Holiday Auto, Inc.		
3. Street Address Principal Business Office 1295 High Street			City Central Falls	State RI
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
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
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
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED				
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
ISSUED SHARES — THIS SECTION MUST BE COMPLETED				
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.		Number of Shares 100 Shares	Class/Series Common	Par Value 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

DEC 03 2015

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.

25-12-14 8-3500 1100
File Date

Check No.

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

By: [Signature] A.A.

[Signature] 12/3/2015
Signature Date
Carlos A. Correia
Print or Type Name
President
Title