



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

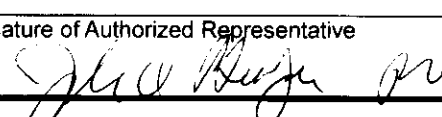
Annual Report for the year: **2017**

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 64825		2. Exact name of the Corporation Holiday Acres Campground, Inc.					
3. Principal Office Address 591 Snake Hill Road		City North Scituate		State RI	Zip 02857		
4. NAICS Code 53 - Real Estate and Rental and		6. Brief description of the character of business conducted in Rhode Island trailer park, children's day camp and other lawful purposes					
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 JOHN D. BIAFORE			Vice-President Name JOHN A. COLETTI				
Street Address 478A Broadway			Street Address 311 Doric Avenue				
City Providence	State RI	Zip 02909	City Cranston	State RI	Zip 02910		
Secretary Name JOHN D. BIAFORE			Treasurer Name ROBERT PERILLO				
Street Address 478A Broadway			Street Address 446 Broadway				
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909		
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
Director Name JOHN D. BIAFORE			Director Name				
Street Address 478A Broadway			Street Address				
City Providence	State RI	Zip 02909	City	State	Zip		
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
9. Shares Authorized 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>							
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES			CLASS/SERIES	PAR VALUE
			-0-				
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 JOHN D. BIAFORE, President					Date 2/10/17		
Signature of Authorized Representative 							

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
FEB 13 2017
BY **2519**
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