



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 anc		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 <i>John D. Biafore</i>				FILED SIGN DOCUMENT HERE FEB 13 2017	

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

BY 2519
LC