



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2018
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIVISION

2018 FEB -6 PM 2:43

1. Entity ID Number 000008593		2. Exact name of the Corporation HOLLY TREE CAMPGROUND, INC.			
3. Principal Office Address 109 Ashaway Road			City Ashaway	State RI	Zip 02804
4. NAICS Code 721211		6. Brief description of the character of business conducted in Rhode Island OWN AND MAINTAIN CAMPING FACILITIES			
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 Marie A. Patrizzo			Vice-President Name Anthony J. Patrizzo, Jr.		
Street Address 31 Brightwood Lane			Street Address 31 Brightwood Lane		
City West Hartford	State CT	Zip 06110	City West Hartford	State CT	Zip 06110
Secretary Name Jennifer Johnson			Treasurer Name Jennifer Johnson		
Street Address 58 Golf Street			Street Address 58 Golf Street		
City Newington	State CT	Zip 06110	City Newington	State CT	Zip 06110
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Marie A. Patrizzo			Director Name		
Street Address 31 Brightwood Lane			Street Address		
City West Hartford	State CT	Zip 06110	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		PAR VALUE
			200	Common	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					Date
JENNIFER JOHNSON					1/30/18
Signature of Authorized Representative					

SIGN DOCUMENT **FILED**

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

FEB 06 2018

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