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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2019

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.*

1 Corporate ID No.	2 Name of Corporation			
17255	Holiday Auto, Inc.			
3 Street Address Principal Business Office		City	State	Zip
1295 High Street		Central Falls	RI	02863
4 Business Phone No	5 State of Incorporation			
(401) 722-8445	Rhode Island			

6 Brief Description of the Character of Business Conducted in Rhode Island: Motor Vehicle Sales and Service — 441120

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ 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) ☐ 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) ☐

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

[redacted]

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BY Cm 3CAKC

File Date
Check No.
By:
FOR SECRETARY OF STATE USE ONLY

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this repo including any accompanying schedules and statements, and that all stateme contained herein are true and correct.

Carlos A. Correia — 11-21-18
Signature *Date*

Carlos A. Correia
Print or Type Name

President
Title

Form 630 Rev. 08/08