



State of Rhode Island  
**Department of State - Business Services Division**

**Annual Report for the year:** 2021  
**Corporation**

**FILED**

STAMP

MAR 19 2021

3959

- 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 531190		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 RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name ROBERT PERILLO			Vice-President Name JOHN A. COLETTI / JOHN D. BIAFORE		
Street Address 446 Broadway			Street Address 311 Doric Avenue / 253 Main Street		
City Providence	State RI	Zip 02909	City Cranston / East Greenwich	State RI / RI	Zip 02910/02818
Secretary Name JOHN D. BIAFORE			Treasurer Name ROBERT PERILLO		
Street Address 253 Main Street			Street Address 446 Broadway		
City East Greenwich	State RI	Zip 02818	City Providence	State RI	Zip 02909
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name ROBERT PERILLO			Director Name		
Street Address 446 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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	common	no par value
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.					
<b>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.</b>					
Name of Authorized Representative ROBERT PERILLO, President					Date 3-15-21
Signature of Authorized Representative 					

**MAIL TO:**  
 Division of Business Services  
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 Website: www.sos.ri.gov