



State of Rhode Island

Department of State - Business Services Division

FEB 23 2023

Annual Report for the year: 2023
Corporation

- Filing period February 1 - May 1
 → Filing Fee \$50.00
 → Penalty Additional \$25.00 fee if form is not filed by May 31

40692

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) Check the box to indicate an attachment ☐					
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 / E. Greenwich	State RI / RI	Zip 02910/028
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) Check the box to indicate an attachment ☐					
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 Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing		10. Shares Issued Check the box to indicate an attachment ☐			
		NUMBER OF SHARES 100	CLASS/SERIES common	PAR VALUE 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. 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 ROBERT PERILLO, President				Date 2-11-23	
Signature of Authorized Representative 					