



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 <input type="checkbox"/> | | | | | |
| 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 <input type="checkbox"/> | | | | | |
| 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 <input type="checkbox"/> | | | | | |
| 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 <input type="checkbox"/> | | |
| | | | 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 | | | | | |