



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

**STAMP**

Annual Report for the year: **2024**

Corporation \_\_\_\_\_

MAR 06 2024  
4856

FOR  
SECRETARY OF STATE  
USE ONLY

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

1. Entity ID Number <b>64825</b>		2. Exact name of the Corporation <b>Holiday Acres Campground, Inc.</b>			
3. Principal Office Address <b>591 Snake Hill Road</b>		City <b>North Scituate</b>		State <b>RI</b>	Zip <b>02857</b>
4. NAICS Code <b>531190</b>		6. Brief description of the character of business conducted in Rhode Island <b>trailer park, children's day camp and other lawful purposes</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Robert Perillo</b>			Vice-President Name <b>John A. Coletti/John D. Biafore</b>		
Street Address <b>446 Broadway</b>			Street Address <b>311 Doric Ave. / 253 Main Street</b>		
City <b>Providence</b>		State <b>RI</b>	Zip <b>02909</b>	City <b>Cranston/E. Greenwich</b>	State <b>RI/RI</b>
Secretary Name <b>John D. Biafore</b>			Treasurer Name <b>Robert Perillo</b>		
Street Address <b>253 Main Street</b>			Street Address <b>446 Broadway</b>		
City <b>East Greenwich</b>		State <b>RI</b>	Zip <b>02818</b>	City <b>Providence</b>	State <b>RI</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Robert Perillo</b>			Director Name		
Street Address <b>446 Broadway</b>			Street Address		
City <b>Providence</b>		State <b>RI</b>	Zip <b>02909</b>	City	State
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip	City	State
9. Shares Authorized <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.			10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<b>100</b>	<b>common</b>	<b>no par value</b>
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 <b>Robert Perillo, President</b>					Date <b>2-22-24</b>
Signature of Authorized Representative 					