



State of Rhode Island  
Department of State - Business Services Division

STAMP

Annual Report for the year: 2024


Corporation \_\_\_\_\_

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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>	Zip <b>02910</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>	Zip <b>02909</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	Zip
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 Department of State.		10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>	
Changes require an additional filing.		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 					

MAIL-TO:  
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