RI SOS Filing Number: 202565880350 Date: 2/21/2025 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
Corporation

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

FILED
FEB 21 2025
BY ML 135

1. Entity ID Number	2. Exact name of the Corporation			
17255	Holiday Auto Inc			
3. Principal Office Address		City	State	Zip
1295 High Street		Central Falls	RI	02863
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
441120	Motor Vehicle Sales + Service			
5. State of Incorporation				
Rhode Island				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
James W. Valentine JR.			Dolores M Correia		
Street Address			Street Address		
182 Sabin St.			231 Minerva Ave		
City	State	Zip	City	State	Zip
Pawtucket	RI	02860	Cumberland	RI	02864
Secretary Name			**Treasurer Name**		
Dolores Correia M.			Carlos A. Correia		
Street Address			Street Address		
231 Minera Ave			231 Minerva Ave		
City	State	Zip	City	State	Zip
Cumberland	RI	02864	Cumberland	RI	02864

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
Dolores M. Correia			Carlos A Correia		
Street Address			Street Address		
231 Minerva Ave			231 Minerva Ave		
City	State	Zip	City	State	Zip
Cumberland	RI	02864	Cumberland	RI	02864
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.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100 Shares	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.

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	Date
	2/21/25

Signature of Authorized Representative

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630- Revised: 12/2023