



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 1135

1. Entity ID Number <u>17255</u>		2. Exact name of the Corporation <u>Holiday Auto Inc</u>			
3. Principal Office Address <u>1295 High Street</u>		City <u>Central Falls</u>		State <u>RI</u>	Zip <u>02863</u>
4. NAICS Code <u>441120</u>		6. Brief description of the character of business conducted in Rhode Island <u>Motor Vehicle Sales + Service</u>			
5. State of Incorporation <u>Rhode Island</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name <u>James W. Valentine JR.</u>			Vice-President Name <u>Dolores M Correia</u>		
Street Address <u>182 Sabin St.</u>			Street Address <u>231 Minerva Ave</u>		
City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02860</u>	City <u>Cumberland</u>	State <u>RI</u>	Zip <u>02864</u>
Secretary Name <u>Dolores Correia M.</u>			Treasurer Name <u>Carlos A. Correia</u>		
Street Address <u>231 Minerva Ave</u>			Street Address <u>231 Minerva Ave</u>		
City <u>Cumberland</u>	State <u>RI</u>	Zip <u>02864</u>	City <u>Cumberland</u>	State <u>RI</u>	Zip <u>02864</u>
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name <u>Dolores M. Correia</u>			Director Name <u>Carlos A Correia</u>		
Street Address <u>231 Minerva Ave</u>			Street Address <u>231 Minerva Ave</u>		
City <u>Cumberland</u>	State <u>RI</u>	Zip <u>02864</u>	City <u>Cumberland</u>	State <u>RI</u>	Zip <u>02864</u>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			<u>100 Shares</u>		
			<u>COMMON</u>		
			<u>NO Par Value</u>		
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 <u>[Signature]</u>					Date <u>2/21/25</u>
Signature of Authorized Representative					