



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 71498		2. Name of Corporation GRASSO'S AUTO SALES, INC.			
3. Street Address Principal Business Office 35 Plainfield Street			City Providence	State RI	Zip 02909
4. Business Phone No. 401-831-5650		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island The purchase and sale at retail and wholesale or used automobiles and repair of automobiles and any other lawful business.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Richard R. Grasso			Vice President Name David John Grasso		
Street Address same as above			Street Address same as above		
City	State	Zip	City	State	Zip
Secretary Name Richard Grasso			Treasurer Name Richard Grasso		
Street Address same as above			Street Address same as above		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Richard Grasso			Director Name Richard R. Grasso		
Street Address same as above			Street Address same as above		
City	State	Zip	City	State	Zip
Director Name David John Grasso			Director Name		
Street Address same as above			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000			150	Common	No Par Value

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STATE OF RHODE ISLAND
CORPORATIONS DIVISION

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.

File Date: 2-5-09
Check No.: 3232
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

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.

Signature: [Signature] Date: 1/12/09
Richard R. Grasso
Print or Type Name
President
Title