



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2013**

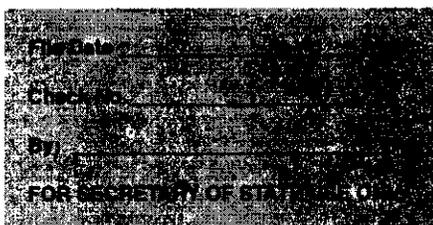
Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>94330</b>		2. Exact name of the limited liability company <b>Grasso Management, LLC.</b>			
3. State of Formation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>Purchase, sale, lease and management of real estate and any other lawful business.</b>			
5. Principal office address <b>35 Plainfield Street</b>		City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>	
Contact Name <b>Richard R. Grasso</b>		Contact Title <b>Member</b>			
Street Address <b>35 Plainfield Street</b>		City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>	
7. LIST ALL MANAGERS (NAME AND ADDRESS) OF THE LIMITED LIABILITY COMPANY. (ATTACHMENT) <input type="checkbox"/>					
Manager Name <b>None</b>		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENTIAL PROPERTY OWNERS					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

**FILED 1145**  
 SEP 16 2013  
 BY DL 205907

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 SECRETARY OF STATE  
 CORPORATIONS DIV  
 13 SEP 16 AM 11:45



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.

Richard R. Grasso  
 Signature of Authorized Person

9/27/13  
 Date

**Richard R. Grasso, Member**  
 Print or Type Name of Authorized Person