

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1, Entity ID No.	2. Exact nar	me of the Corporation				
12254	GRASS	GRASSO'S SERVICE CENTER, INC.				
3. Principal office address 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 ch To own, lease, oper				other lawful busines	38.	
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 ORA	
Secretary Name Richard R. Grasso			Treasurer Name David John Grasso			
Street Address same as above			Street Address			
City	State	Zip	City	State	Zip 53 < E	
Director Name Richard R. Grasso			Director Name David John Gra	980		
Street Address same as above			Street Address same as above			
City	State	Zip	City State		Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
PSTATE PATRICE VALUE			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing.			10	Class A Common	No Par Value	
See Section 9 of instruction sheet.		1000	Class B Common	No Par Value		
This report must be execute		corporation by an authorize		corporation is in the hands o	of a receiver or trustee,	

this report must be executed on behalf of the corporation by the receiver or trustee.

JAN 1 7 2014 215042

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 of Authorized Representative

Richard R. Grasso, President

Print or Type Name of Authorized Representative

Form No. 630 Revised: 01/2012