



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2018**
Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
SECRETARY OF STATE
CORPORATIONS
2018 FEB 27 AM 10:50

1. Entity ID Number 12254		2. Exact name of the Corporation GRASSO'S SERVICE CENTER, INC.			
3. Principal Office Address 1051 Chalkstone Avenue			City Providence	State RI	Zip 02908
4. NAICS Code 554101		6. Brief description of the character of business conducted in Rhode Island To own, lease, operate and manage garages and filling stations and any other lawful business.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Richard R. Grasso			Vice-President Name David John Grasso		
Street Address 1051 Chalkstone Avenue			Street Address 1051 Chalkstone Avenue		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
Secretary Name Richard R. Grasso			Treasurer Name David John Grasso		
Street Address 1051 Chalkstone Avenue			Street Address 1051 Chalkstone Avenue		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Richard R. Grasso			Director Name David John Grasso		
Street Address 1051 Chalkstone Avenue			Street Address 1051 Chalkstone Avenue		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			10	Class A Common	No Par Value
			1000	Class B 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 Richard R. Grasso, President					Date 1-17-18
Signature of Authorized Representative <i>Richard R. Grasso</i> SIGN DOCUMENT HERE FILED					

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

FEB 27 2018

BY *325326*

FORM 630 - Revised: 10/2016