



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

FILED

FEB 04 2021

BY WSS DSANNUAL REPORT FOR THE YEAR 2021

## Corporation

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

1. Corporate ID No <b>334510</b>		2. Name of Corporation <b>Law Office of John R. Grasso, Inc.</b>			
3. Street Address Principal Business Office <b>72 Clifford Street, 3rd Floor</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
5. NAICS Code <b>541110</b>		5. State of Incorporation <b>Rhode Island</b>			
6. Brief Description of the Character of Business Conducted in Rhode Island <b>Law office, any ancillary purposes, and all other lawful purposes</b>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>John R. Grasso</b>			Vice President Name		
Street Address <b>72 Clifford Street, 3rd Floor</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City	State	Zip
Secretary Name <b>John R. Grasso</b>			Treasurer Name <b>John R. Grasso</b>		
Street Address <b>72 Clifford Street, 3rd Floor</b>			Street Address <b>72 Clifford Street, 3rd Floor</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			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"/>					
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES - THIS SECTION MUST BE COMPLETED		
			Number of Shares <b>100 shares common stock of \$.01 par value</b>	Class/Series	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.

Signature

Date

John R. Grasso

Print or Type Name

President

Title

## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: [www.sos.ri.gov](http://www.sos.ri.gov)