



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2023  
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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RI DEPT. OF STATE  
BUSINESS SERVICES DIVISION  
MAR 31 2023

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|   |                 |   |   |                    |                        |
|---|-----------------|---|---|--------------------|------------------------|
| 1. Entity ID Number<br><b>71498</b>   |                 | 2. Exact name of the Corporation<br><b>GRASSO'S AUTO SALES, INC.</b>  |   |                    |                        |
| 3. Principal Office Address<br><b>1051 Chalkstone Avenue</b>  |                 |   | City<br><b>Providence</b>   | State<br><b>RI</b> | Zip<br><b>02908</b>    |
| 4. NAICS Code<br><b>441120</b>  |                 | 6. Brief description of the character of business conducted in Rhode Island<br><b>The purchase and sale of retail and wholesale used automobiles and repair of automobiles and any other lawful business.</b> |   |                    |                        |
| 5. State of Incorporation<br><b>Rhode Island</b>  |                 |   |   |                    |                        |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |                 |   |   |                    |                        |
| President Name <b>Richard R. Grasso</b>   |                 |   | Vice-President Name <b>David John Grasso</b>  |                    |                        |
| Street Address <b>1051 Chalkstone Avenue</b>  |                 |   | Street Address <b>1051 Chalkstone Avenue</b>  |                    |                        |
| City <b>Providence</b>  | State <b>RI</b> | Zip <b>02908</b>  | City <b>Providence</b>  | State <b>RI</b>    | Zip <b>02908</b>       |
| Secretary Name <b>Richard R. Grasso</b>   |                 |   | Treasurer Name <b>David John Grasso</b>   |                    |                        |
| Street Address <b>1051 Chalkstone Avenue</b>  |                 |   | Street Address <b>1051 Chalkstone Avenue</b>  |                    |                        |
| City <b>Providence</b>  | State <b>RI</b> | Zip <b>02908</b>  | City <b>Providence</b>  | State <b>RI</b>    | Zip <b>02908</b>       |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                 |   |   |                    |                        |
| Director Name <b>Richard R. Grasso</b>  |                 |   | Director Name <b>David John Grasso</b>  |                    |                        |
| Street Address <b>1051 Chalkstone Avenue</b>  |                 |   | Street Address <b>1051 Chalkstone Avenue</b>  |                    |                        |
| City <b>Providence</b>  | State <b>RI</b> | Zip <b>02908</b>  | City <b>Providence</b>  | State <b>RI</b>    | Zip <b>02908</b>       |
| Director Name   |                 |   | Director Name   |                    |                        |
| Street Address  |                 |   | Street Address  |                    |                        |
| City  | State           | Zip   | City  | State              | Zip                    |
| 9. Shares Authorized  |                 |   | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                    |                        |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.  |                 |   | NUMBER OF SHARES  |                    |                        |
|   |                 |   | CLASS/SERIES  |                    | PAR VALUE              |
|   |                 |   | <b>150</b>  | <b>Common</b>      | <b>No Par Value</b>    |
| 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. |                 |   |   |                    |                        |
| <b>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.</b>                                       |                 |   |   |                    |                        |
| Name of Authorized Representative<br><b>Richard R. Grasso</b>   |                 |   |   |                    | Date<br><b>3-15-23</b> |
| Signature of Authorized Representative<br><i>Richard R. Grasso</i>  |                 |   |   |                    |                        |

MAIL TO:  
Division of Business Services  
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MAR 31 2023

BY

JGM/HLC

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