

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

	RECEIVED TAMP
	RECEIVED
7.1.	CIPT. OF STOUL

0 31 13 2 52

Penalty. Additional \$25.00 te	e ii ionii is not iii	led by May 31.		2'	073 HAHL	31 F 2. 32		
Entity ID Number	2. Exact name of the Corporation							
71498	GRASSO'S AUTO SALES, INC.							
Principal Office Address					State	Zıp		
1051 Chalkstone Avenue			Providen	ce	RI	02908		
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island							
441120	The purchase and sale of retail and wholesale used automobiles and repair of							
5. State of Incorporation	automobiles and any other lawful business.							
Rhode Island	determed and any other lawful business.							
7. List ALL officers (names and add	resses)	· · · · · ·		Check ti	ne hox to ir	idicate an attachment [		
President Name Richard R. Grasso			Vice-President Name David John Grasso					
Street Address 1051 Chalkstone Avenue Street Address 1051 Chalkstone Avenue					e			
City Providence	State RI	Zipopopo			State RI			
Providence		<sup>Zip</sup> 02908	<u> </u>			02908		
Secretary Name Richard R. Grasso				Treasurer Name David John Grasso				
Street Address 1051 Chalkstone Avenue			Street Address 1051 Chalkstone Avenue					
<sup>City</sup> Providence	State RI	<sup>Zip</sup> 02908	City Provid	lence	State RI	<sup>Z<sub>ip</sub></sup> 02908		
8. List ALL directors (names and ad	ldresses)			Check ti	ne box to ir	ndicate an attachment 🔲		
Director Name Richard R. Grasso		Director Name David John Grasso						
Street Address 1051 Chalkstone Avenue			Street Address 1051 Chalkstone Avenue					
<sup>City</sup> Providence	State RI	<sup>Zip</sup> 02908	City Providence		State RI	<sup>Zip</sup> 02908		
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City		State	Zip		
S.I.y	State	210	City		Siale	Σip		
9. Shares Authorized	<u> </u>	10. Shares Issue	ed .	Check the	ne box to ir	ndicate an attachment		
This information is currently of recor	d in the	NUMBER OF S		CLASS/SERIES		PAR VALUE		
Department of State.		150		Common		No Par Value		
Changes require an additional filing.								
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 Date								
Richard R. Grasso 3-15-23								
Signature of Authorized Representative								
Signature of Authorized Representative  Michael R framo  FILED UST								

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov

MAR 3 1 2023 BY 8GMHC

FORM 630 - Revised: 11/2021