



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024
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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|--|--------------------|---|---|--------------------|------------------------|
| 1. Entity ID Number 71498 | | 2. Exact name of the Corporation GRASSO'S AUTO SALES, INC. | | | |
| 3. Principal Office Address 1051 Chalkstone Avenue | | | City Providence | State RI | Zip 02908 |
| 4. NAICS Code 441120 | | 6. Brief description of the character of business conducted in Rhode Island The purchase and sale of retail and wholesale used automobiles and repair of automobiles 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 | | | 10. Shares Issued 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. | | | NUMBER OF SHARES | | |
| | | | CLASS/SERIES | | PAR VALUE |
| | | | 150 | 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 | | | FILED | | Date 4/18/24 |
| Signature of Authorized Representative <i>Richard R. Grasso</i> | | | MAY 31 2024 BY 139K7 KS | | |

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov