



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.

REC'D RIDGERS BSD
24 MAY 31 PM 3:46:53

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					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			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

FORM 630 - Revised: 11/2021