



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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 24 MAY 31 PM 3:46:59
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1. Entity ID Number 12254		2. Exact name of the Corporation GRASSO'S SERVICE CENTER, INC.			
3. Principal Office Address 1051 Chalkstone Avenue			City Providence	State RI	Zip 02908
4. NAICS Code 554101		6. Brief description of the character of business conducted in Rhode Island To own, lease, operate and manage garages and filling stations 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 ☐					
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 ☐					
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 ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			10	Class A Commo	No Par Value
			1000	Class B Commo	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				Date 4/18/24	
Signature of Authorized Representative <i>Richard R. Grasso</i>					

 MAY 31 2024
 BY 139R7
 KJ

 MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov