



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 RIDOS BSD  
24 MAY 31 PM 3:46:59  
MP

1. Entity ID Number <b>12254</b>		2. Exact name of the Corporation <b>GRASSO'S SERVICE CENTER, INC.</b>			
3. Principal Office Address <b>1051 Chalkstone Avenue</b>		City <b>Providence</b>		State <b>RI</b>	Zip <b>02908</b>
4. NAICS Code <b>554101</b>		6. Brief description of the character of business conducted in Rhode Island <b>To own, lease, operate and manage garages and filling stations and any other lawful business.</b>			
5. State of Incorporation <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					
This information is currently of record in the Department of State.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			10		Class A Commo
			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 <b>Richard R. Grasso</b>				Date <b>4/18/24</b>	
Signature of Authorized Representative <i>Richard R. Grasso</i>				FILED <b>MAY 31 2024</b> <b>139R7</b> <b>KJ</b>	

## MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov