State of Rhode Island
**Department of State - Business Services Division**

RECD/FILED
2025 MAY 30 A8:48:43
SOS

**Annual Report for the year:** 2025
**Corporation**

→ Filing period: February 1 - May 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

| 1. Entity ID Number | 2. Exact name of the Corporation | | |
|---|---|---|---|
| 72420 | RDR Realty Associates, Inc. | | |
| 3. Principal Office Address | City | State | Zip |
| 1051 Chalkstone Avenue | Providence | RI | 02908 |
| 4. NAICS Code: 531110 | 6. Brief description of the character of business conducted in Rhode Island: The purchase, sale, leasing and management of real estate 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

**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 ☐

| NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
|---|---|---|
| 10 | Class A Commo | No Par Value |
| 100 | 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 | Date |
|---|---|
| Richard R. Grasso | 4/16/25 |

Signature of Authorized Representative: Richard R Grasso

FILED
MAY 30 2025
BY

**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