



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
 Office of the Secretary of State - Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2016

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.  
 Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>104302</b>		2. Exact name of the Corporation <b>Russo Associates, Inc.</b>			
3. Principal office address <b>4 Meggan Court</b>			City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>
4. Business Phone No. <b>(401) 447-9300</b>			5. State of Incorporation <b>RI</b>		
6. Brief description of the character of business conducted in Rhode Island <b>Constable &amp; Investigation Services</b>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>Ronald Russo</b>			Vice-President Name		
Street Address <b>4 Meggan Court</b>			Street Address		
City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>	City	State	Zip
Secretary Name <b>Ronald Russo</b>			Treasurer Name <b>Ronald Russo</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>Ronald Russo</b>			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	No Par

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 SECRETARY OF STATE  
 CORPORATIONS DIV  
 2016 MAR 31 AM 10:54

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.

File Date \_\_\_\_\_  
 Check No 7774  
 By: \_\_\_\_\_

**FILED**  
 MAR 31 2016

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.

*Ronald J Russo* 3-23-16  
 Signature of Authorized Representative Date

FOR SECRETARY OF STATE USE ONLY

BY CA 271385

**Ronald Russo**  
 Print or Type Name of Authorized Representative