



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2018**

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 164834		2. Exact name of the Corporation Russo Neuromuscular Treatment, Inc.	
3. Principal Office Address 189 Hudson Pond Road		City West Greenwich	State RI
		Zip 02817	
4. NAICS Code 621399	6. Brief description of the character of business conducted in Rhode Island A certified, licensed, massage therapist 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 Michelle E. Russo		Vice-President Name Michelle E. Russo	
Street Address 189 Hudson Pond Road		Street Address 189 Hudson Pond Road	
City West Greenwich	State RI	City West Greenwich	State RI
Zip 02817		Zip 02817	
Secretary Name Michelle E. Russo		Treasurer Name Michelle E. Russo	
Street Address 189 Hudson Pond Road		Street Address 189 Hudson Pond Road	
City West Greenwich	State RI	City West Greenwich	State RI
Zip 02817		Zip 02817	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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
		0	0
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	
		1/4/18	
Signature of Authorized Representative			

SIGN DOCUMENT HERE

FILED**JAN 19 2018**BY **220002**

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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