



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 SS		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	Zip 02817	City West Greenwich	State RI	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	Zip 02817	City West Greenwich	State RI	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	Zip	City	State	Zip
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 <input type="checkbox"/>
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		0	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	
SIGN DOCUMENT HERE					

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

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JAN 19 2018
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