State of Rhode Island and Providence Plantations

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Department of State - Business Services Division |. DEPT. OF STATE BUS SVCS DIV

Annual	Report for	the	year:
Corpora	ation		

2020

2020 FEB 20 P 2: 00

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.0	00 fee if form is no	t filed by April 1.						
1. Entity ID Number		2. Exact name of the Corporation						
104302	Russo A	Russo Associates, Inc.						
3. Principal Office Address			City		State	Zip		
4 Meggan Court			West Warwick		RI	02893		
4. NAICS Code	6. Brief descr	iption of the charact	ter of business condu	icted in Rhode Isla	and			
541199	Constable &	L Investigation ser	vices					
5. State of Incorporation		_						
RI								
7. List ALL officers (names and	d addresses)				ne box to in	idicate an attachment 🔲		
President Name Ronald Russo			Vice-President Nam	ne				
			Street Address					
Street Address 4 Meggan Cour				<u>-</u>	Totala	Zip		
City West Warwick	State RI	^{Zip} 02893	City		State) Z 'P		
Secretary Name Ronald Russo				Treasurer Name Ronald Russo				
Street Address			Street Address					
City	State	Zip	City		State	Zip		
8. List ALL directors (names a	nd addresses)			Check t	he box to	ndicate an attachment		
Director Name Ronald Russo			Director Name					
			Street Address					
Street Address								
City	State	Zip	City		State	Zip		
Director Name			Director Name					
Charact Address			Street Address					
Street Address						<u> </u>		
City	State	Zip	City		State	Zip		
9. Shares Authorized	<u> </u>	10. Shares Is	sued	Check t	the box to	indicate an attachment		
This information is currently of	record in the		F SHARES	CLASS/SERIES PAR VALUE				
Department of State.		100		Common		No Par		
Changes require an additional filing.								
11. This report must be executrustee, this report must be ex	ited on behalf of the	e corporation by an	authorized represent	tative. If the corpo	ration is in	the hands of a receiver of		
Under penalty of perjury, I d	declare and affirm	that I have examin	ned this report, incli	uding any accom	panying s	schedules and		
statements, and that all stat	tements containe	d herein are true a	nd correct.		Date			
Name of Authorized Representative				2/12/20				
Ronald Russo						7/		
Signature of Authorized Repri	esentative	S (3N) (Duktrack)					
- Jr. Jillew			E:1 E	-5				

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

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FORM 630 - Revised: 10/2017

