RI SOS Filing Number: 202193633070 Date: 3/5/2021 4:00:00 PM

(FB)

Corporation

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

RECEIVED R.I. DEPT. OF STATE BUS SYCS DIV

→ Penalty: Additional \$25.				803 310			
1. Entity ID Number 2. Exact name of the Corporation 2021 HAR -5 A 10: 47							
104302	Russo A	Russo Associates, Inc.					
3. Principal Office Address			City		State	Zip	
4 Meggan Court			West Warwick		RI	02893	
4. NAIĆS Code	6. Brief desc	ription of the charac	ter of business cond	lucted in Rhode Isla	nd		
541199	Constable	Constable & Investigation services					
5. State of Incorporation		-					
RI							
7. List ALL officers (names an	Check the box to indicate an attachment						
President Name Ronald Russo			Vice-President Na	Vice-President Name			
			Street Address				
Street Address 4 Meggan Court			50 661 750 7633				
City West Warwick	State RI	Zip 02893	City		State	Zip	
ecretary Name Ronald Russo			Treasurer Name Ronald Russo				
Street Address			Street Address				
Suect Addiess					10	17:0	
City	State	Zip	City		State	Zıp	
8. List ALL directors (names a	and addresses)			Check th	e box to ii	ndicate an attachment 🔲	
Director Name Ronald Russo	-		Director Name				
			Street Address				
Street Address			30661 A001633				
City	State	Zip	City		State	Zip	
			Director Name		<u> </u>		
Director Name			Director Name				
Street Address			Street Address				
	Icena	Trip	City		State	Zip	
City	State	Zip	City				
9. Shares Authorized 10. Shares Is							
This information is currently of record in the		NUMBER	OF SHARES	3000			
Department of State.		100		Common		No Par	
Changes require an additional	filing.						
11. This report must be exect	ited on behalf of th	e compration by an	authorized represe	ntative. If the corpor	ation is in	the hands of a receiver or	
trustee, this report must be e	xecuted on behalf of	of the corporation b	v the receiver or trus	stee			
Under penalty of perjury, I	declare and affirm	that I have exami	ned this report, inc	luding any accom	panying s	schedules and	
statements, and that all sta Name of Authorized Represe		d herein are true a	na correct		Date		
Ronald Russo						3/5/21	
Signature of Authorized Repr	resentative		-		1	<u> </u>	
(Kmal)	Lunc	\$ 39 00	DOUBLET OF	.ED			
17)VIIIem	entil		F 8 W:				

MAIL TO:

Division of Business Services

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

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

FORM 530 - Revised: 10/2017