



State of Rhode Island  
Department of State - Business Services Division

FEB 14 2024  
26917<sup>02</sup>

Annual Report for the year: 2024

Corporation \_\_\_\_\_

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <b>164834</b>		2. Exact name of the Corporation <b>Russo Neuromuscular Treatment, Inc.</b>			
3. Principal Office Address <b>189 Hudson Pond Road</b>			City <b>West Greenwich</b>	State <b>RI</b>	Zip <b>02817</b>
4. NAICS Code <b>621340</b>		6. Brief description of the character of business conducted in Rhode Island <b>A certified, licensed massage therapist business</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Michelle E. Russo</b>			Vice-President Name <b>Michelle E. Russo</b>		
Street Address <b>189 Hudson Pond Road</b>			Street Address <b>189 Hudson Pond Road</b>		
City <b>West Greenwich</b>	State <b>RI</b>	Zip <b>02817</b>	City <b>West Greenwich</b>	State <b>RI</b>	Zip <b>02817</b>
Secretary Name <b>Michelle E. Russo</b>			Treasurer Name <b>Michelle E. Russo</b>		
Street Address <b>189 Hudson Pond Road</b>			Street Address <b>189 Hudson Pond Road</b>		
City <b>West Greenwich</b>	State <b>RI</b>	Zip <b>02817</b>	City <b>West Greenwich</b>	State <b>RI</b>	Zip <b>02817</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			none	common	no par
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. <b>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.</b>					
Name of Authorized Representative <b>Michelle E. Russo</b>					Date <b>1/30/24</b>
Signature of Authorized Representative 					

MAIL TO:  
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