



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

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

FIELD  
FEB 11 2025  
BY 2711

REC'D BSO  
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AMP

1. Entry 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>	City <b>West Greenwich</b>	State <b>RI</b>
Zip <b>02817</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>	City <b>West Greenwich</b>	State <b>RI</b>
Zip <b>02817</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	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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES	CLASS/SERIES
		<b>none</b>	<b>common</b>
			<b>no par</b>
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>2/4/25</b>
Signature of Authorized Representative 			

MAIL TO:  
Division of Business Services  
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