



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

**ANNUAL REPORT YEAR:** 2015

**1. Corporate ID No.** 000162148

**2. Name of Corporation** Almost Home Rescue

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: P.O. BOX 6111

City or Town: PROVIDENCE State: RI Zip: 02940 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

TO RESCUE AND ASSIST AS MANY ANIMALS AS POSSIBLE, PROVIDING THEM NECESSARY MEDICAL CARE INCLUDING SPAYING AND NEUTERING IN AN ATTEMPT TO OFFSET THE NUMBER OF ANIMALS THAT ARE EUTHANIZED.

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	CARLA CICCONE	PO BOX 6111 PROVIDENCE, RI 02940 USA
SECRETARY	TARA ROMANO	34A STONE TRAIL

		NORTH PROVIDENCE, RI 02904 USA
DIRECTOR	JENNIFER OLIVELLI	203 GARDEN HILLS DRIVE CRANSTON, RI 02920 USA
DIRECTOR	CARLA CICCONE	PO BOX 6111 PROVIDENCE, RI 02940 USA
DIRECTOR	JOHN ROSE	PO BOX 6111 PROVIDENCE, RI 02940 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

JOHN T. LONGO 681 SMITH STREET PROVIDENCE , RI 02908

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 28 Day of July, 2015 at 9:23:06 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By CARLA CICCONE  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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