

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

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Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

Form 631 Rev. 04/04

## NON-PROFIT CORPORATION.ANNUAL REPORT FOR THE YEAR \_\_\_\_\_

2005

(FORM MUST BE TYPED OR PRI	NTED IN BIACK)				
I - Согропне ID No. 137235	2. Name of Corporation Precious Angels Animal Rescue				
3 State of Incorporation	4. Corporate address in Rhode Island - Street Address 250 Phenix Aue		City	-1 -	χφ
RHODE ISLAND	nue	Crans	ston	02420	
5. Foreign corporation, Enter prin	cipal office address	City-	State		Zip 
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island TO ASSIST IN THE ACCESS OF SERVICES FOR THE PREVENTION AND CRUELTY TO DOMESTIC ANIMALS ACROSS THE STATE OF RI.					
7. NAMES AND ADDRESSES OF THE OFFICERS: (*X* BOX FOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS					
Michelle M	Julie Piscopiello				
Street Address 250 Ph	Sirect Address 85 Fox Ridge Drive				
Cranston	cranston   State RI   O2921				
secretary Summe	Theresa Merolli				
Street Address 280 WS	56 Hauxhurst St.				
N. Scituate Suc RI 102857 Providence State RI 102909					
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS					
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23  Director Name					
Michelle	Susan Talone				
Street Address 250 Ph	220 Wescott Road				
"Cranston	N. Scituate State RT 02857				
Director Name Tuie 7	Steven Patriarca				
Sireer Address 85 FO	Sirror Address Raymond Road				
city Cranston   state PI   200921   N. Providence   State RI   200911					
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					0.78
Agent Name MICHELLE M. CANTINI		Anarcs			1
Andress		City		žiųr — —	
250 PHENIX AVENUE		CRANSTON		02920	
This report must be	signed in ink by either the President, Vice	President Secretary Assistant	Secretary, Tre	easurer. Rec	civer or Trustee
I IDBIDI ME		, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , ,		
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.					
1000 (0.72-05) Michaelle M) Challing le aolo					
Signature of Offices Date					
Check No.	<del>`</del>	Michelle	M.C	unti	nı
By:		Prim or Type Name of (	)fficer		
FOR SECRETARY OF STATE USE ONLY					
		Title of Officer			