



State of Rhode Island
Department of State - Business Services Division

JUL 20 2021
5733

Annual Report for the year: 2021
Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number <u>000137235</u>		2. Exact name of the Corporation <u>Precious Angels Animal Rescue</u>	
3. State of Incorporation <u>Rhode Island</u>		5. Brief description of the character of business conducted in Rhode Island <u>Dedicated to helping abused and abandoned domestic animals in the state of RI.</u>	
4. NAICS Code <u>83319</u>			
6. Principal Office Address <u>250 Phenix Ave.</u>		City <u>Cranston</u>	State <u>RI</u>
		Zip <u>02920</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Michelle Cantini</u>		Vice-President Name <u>Julie Piscopiello</u>	
Street Address <u>250 Phenix Ave.</u>		Street Address <u>85 Fox Ridge Dr.</u>	
City <u>Cranston</u>	State <u>RI</u>	City <u>Cranston</u>	State <u>RI</u>
Zip <u>02920</u>		Zip <u>02921</u>	
Secretary Name <u>Carolann D'Arcangelo</u>		Treasurer Name <u>Susan Talone</u>	
Street Address <u>37 Ferncrest Blvd.</u>		Street Address <u>220 Westcott Rd.</u>	
City <u>North Providence</u>	State <u>RI</u>	City <u>N. Scituate</u>	State <u>RI</u>
Zip <u>02911</u>		Zip <u>02857</u>	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>Michelle Cantini</u>		Director Name <u>Julie Piscopiello</u>	
Street Address <u>250 Phenix Ave</u>		Street Address <u>85 Fox Ridge Dr.</u>	
City <u>Cranston</u>	State <u>RI</u>	City <u>Cranston</u>	State <u>RI</u>
Zip <u>02920</u>		Zip <u>02921</u>	
Director Name <u>Carolann D'Arcangelo</u>		Director Name <u>Susan Talone</u>	
Street Address <u>37 Ferncrest Blvd.</u>		Street Address <u>220 Westcott Rd.</u>	
City <u>N. Providence</u>	State <u>RI</u>	City <u>n. Scituate</u>	State <u>RI</u>
Zip <u>02911</u>		Zip <u>02857</u>	
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative <u>Michelle M. Cantini</u>		Date <u>7-16-21</u>	
Signature of Officer/Authorized Representative <u>Michelle M. Cantini</u>			

MAIL TO:
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Website: www.sos.ri.gov