



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2023
Non-Profit Corporation

MAR 09 2023
 BY 5839

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 137235		2. Exact name of the Corporation Precious Angels Animal Rescue			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island This rescue is dedicated to helping abandoned, abused and neglected domestic animals in the state of Rhode Island.			
4. NAICS Code 813319 - Other Social Advoc					
6. Principal Office Address 250 Phenix Avenue		City Cranston	State RI	Zip 02920	
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Michelle Cantini		Vice-President Name Julie Piscopiello			
Street Address 250 Phenix Avenue		Street Address 85 Fox Ridge Drive			
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02921
Secretary Name Carolann D'arcAngelo		Treasurer Name Susan Talone			
Street Address 37 Femcrest Blvd.		Street Address 220 Westcott Road			
City North Providence	State RI	Zip 02911	City North Scituate	State RI	Zip 02857
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 Michelle Cantini		Director Name Julie Piscopiello			
Street Address 250 Phenix Avenue		Street Address 85 Fox Ridge Drive			
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02921
Director Name Carolann D'arcAngelo		Director Name Susan Talone			
Street Address 37 Femcrest Blvd.		Street Address 220 Westcott Road			
City North Providence	State RI	Zip 02911	City North Scituate	State RI	Zip 02857
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 Michelle M. Cantini				Date March 1, 2023	
Signature of Officer/Authorized Representative <i>Michelle M. Cantini</i>					

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