



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Non-Profit Corporation

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

REC'D RIDOS BSD
24 JAN 30 AM 10:08:24

1. Entity ID Number 0017 35347		2. Exact name of the Corporation Cross Anchor Rescue of Rhode Island	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island TO help place animals in need	
4. NAICS Code 813312			
6. Principal Office Address 751 Hartford Pike		City Scituate	State RI
			Zip 02857
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name SUZANNE PELLEGRINO		Vice-President Name GARY CERONI	
Street Address 751 Hartford Pike		Street Address 751 Hartford Pike	
City Scituate	State RI	City Scituate	State RI
	Zip 02857		Zip 02857
Secretary Name Michelle Bacon		Treasurer Name Raymond Pellegrino	
Street Address 4 Oregon Ave		Street Address 28 Oak St	
City N PROV	State RI	City N PROV	State RI
	Zip 02911		Zip 02911
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 Bacon		Director Name Raymond Pellegrino	
Street Address 4 Oregon Ave		Street Address 28 Oak St	
City N PROV	State RI	City N PROV	State RI
	Zip 02911		Zip 02911
Director Name GARY CERONI		Director Name	
Street Address 751 Hartford		Street Address	
City Scituate	State RI	City	State
	Zip 02857		Zip
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 Suzanne Pellegrino			Date 1/30/24
Signature of Officer/Authorized Representative <i>Suzanne Pellegrino</i>			FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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