



State of Rhode Island
Department of State - Business Services Division

FILED

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.

MAR 04 2024

BY

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 adandoned, abused and neglected domestic animals in the state of Rhode Island.			
4. NAICS Code 813319					
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 Ferncrest 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 Ferncrest 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 2-28-24
Signature of Officer/Authorized Representative <i>Michelle M. Cantini</i>					

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