State of Rhode Island
Office of the Secretary of State

Fee: $20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Non-Profit Corporation Annual Report

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of $25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025: 2025

1. Corporate ID No. 000126655

2. Name of Corporation SWEET BINKS RABBIT RESCUE INC.

3. State of Incorporation

State: RI

NAICS CODE

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification click here.

NAICS Code
813312

4. Principal Office Address

No. and Street: 124 SOUTH KILLINGLY ROAD
City or Town: FOSTER State: RI Zip: 02825 Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

TO ASSIST REHABILITATE AND RELEASE RHODE ISLAND NATIVE SPECIES WILDLIFE IN ACCORDANCE WITH STATE AND FEDERAL REGULATIONS

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name	Address

	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	PAMELA LEE HOOD	124 S. KILLINGLY RD. FOSTER, RI 02825 US
TREASURER	PAMELA L HOOD	124 S. KILLINGLY RD FOSTER, RI 02825 USA
SECRETARY	BETHANY MOTT	44 HENRY RD DANIELSON, CT 06239 USA
VICE PRESIDENT	MATTHEW L TUCCI	124 S. KILLINGLY RD FOSTER, RI 02825 USA
DIRECTOR	BETHANY MOTT	44 HENRY ROAD DANIELSON, CT 06239 USA
DIRECTOR	ELLEN RUGGIANO	107 RESERVOIR RD CHEPACHET, RI 02814 USA
DIRECTOR	BETTINA PACKARD	102 MOUNTAIN LAUREL DR CRANSTON, RI 02920 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

PAMELA HOOD 124 SOUTH KILLINGLY ROAD FOSTER , RI 02825

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 8 Day of February, 2025 at 1:28:24 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By PAMELA HOOD
Signature of Authorized Person

Form No. 631
Revised 09/07