

State of Rhode Island Department of State - Business Services Division

FIELD

Annual Report for the year:

2025

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.			
Entity ID Number	2. Exact name of the Corporation				
137235	Precious Angels Animal Rescue				
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island				
Rhode Island	This rescue is dedicated to helping abandoned, abused and neglected				
4. NAICS Code	domestic animals in the State of Rhode Island.				
813319					
6. Principal Office Address			City	State	Zip *
250 Phenix Avenue			Cranston	RI	02920
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
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					
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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative				Date	
Michelle M. Cantini				2-12-2025	
Signature of Officer/Authorized Representative Will Mile M And Line					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov