



**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

**Foreign Non-Profit
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 2024: 2024

1. Corporate ID No. 000265879

2. Name of Corporation ALL FOR THE ANIMALS INC.

3. State of Incorporation

State: WV

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
813319

4. Principal Office Address

No. and Street: 20 HOMESTEAD ROAD

City or Town: SAGAMORE BEACH State: MA Zip: 02562 Country: USA

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

CANINE RESCUE AND REHABILITATION

6. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
-------	--	--

PRESIDENT	KIM GILMETTI	20 HOMESTEAD ROAD SAGAMORE BEACH, MA 02562 USA
DIRECTOR	DARYL SCHUCHMAN	20 HOMESTEAD ROAD SAGAMORE BEACH, MA 02562 USA
VICE PRESIDENT	ANGIE ST.CLAIR	4007 CHARLESTON ROAD GANDEEVILLE, WV 25243 USA
DIRECTOR	KIM GILMETTI	20 HOMESTEAD ROAD SAGAMORE BEACH , MA 02562 USA
DIRECTOR	ANGIE ST CLAIR	4007 CHARLESTON ROAD GANDEEVILLE, WV 25243 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**

TINA LEOCADIO 2 BUTTERWORTH DRIVE WARREN , RI 02885

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

Signed this 18 Day of March, 2024 at 1:27:18 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 KIM GILMETTI
Signature of Authorized Person

Form No. 631
Revised 09/07

© 2007 - 2024 State of Rhode Island
All Rights Reserved