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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

→ Penalty: Additional \$25.00 fee if:	form is not filed by	May 31.		2	
Entity ID Number	2. Exact name of	f the Corporation			
001658852	Rhed	e Home	Rescue		
3 State of Incorporation	5. Brief description	on of the character	of business conducted in Rhode Işl	and (1)	
RI	To Rev	me dog	of business conducted in Rhode Isl Prom High	ell State	75
4. NAICS Code	Local Shelters + owner Surrenders				
813990					
6. Principal Office Address		· · · · · · · · · · · · · · · · · · ·	City	State	Zip
lo Wald Rd			Worwick	RI	0588
7. List ALL officers (names and add	resses)		Check the	box to indicate an a	ttachment
President Name Nadire L	- McCa	frey	Vice-President Name Stacey Clareria		
Street Address		Street Address 58 Farmview Dr			
City Warwick	State RI	Zip 02889	City Curr berland	State ZI	210 02864
Secretary Name		Treasurer Name Nadine McCaffrey			
Street Address Farmiview Dr		Street Address & Walds Rd			
City Cumber land	State RI	ZIP 0 2 8 6 4	City Warnick	State RI	Zio 2889
8. List ALL directors (names and ad	ldresses). RI Corp	orations MUST lis		e box to indicate an a	attachment
Director Name Hillary Gillinder		Director Name Holly Bradley			
Street Address 14 Black	Creek (pul	Street Address 19 Bowy	las Dr	
city Warwick	State RI	Z10 27888	City Cumberland	State RI	zi8286
Director Name Regina Hall		Director Name Depuise Smith			
Street Address 46 Warning	g Glory R	2d	Street Address 32 Ninia	iret st	-
City Cumber land	State RT	zip 02 864	City Warwick	State PI	^{Zip} 02889
9. The Registered Agent information	n of record with th	e RI Department o	f 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				,	
Nadine L. McC	Aftrey			5/20	24
Signature of Officer/Authorized Representative					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.n.gov * Director Jaclyn Sheppard 992 Knothy Oak Rd Coventry RI 02816

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A Director Jennifer Reynolds 190 West St West Worwick RI02893

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