



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 29073		2. Exact name of the Corporation VOLUNTEER SERVICES FOR ANIMALS	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island HUMAN ORGANIZATION	
5. Principal office address 23 DRYDEN LANE		City PROVIDENCE	State RI
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		Zip 02904	
President Name JOANNE J. RONGO		Vice President Name MARK F. MERLINO	
Street Address 10 GILLEN ST.		Street Address 13 CRESTWOOD DR	
City PROVIDENCE	State RI	City HOPE VALLEY	State RI
Zip 02904		Zip 02832	
Secretary Name MERIBETH A. BOWDEN		Treasurer Name JOANNE J. RONGO	
Street Address 70 PEARL AVE.		Street Address 10 GILLEN ST.	
City KUMFORD	State RI	City PROVIDENCE	State RI
Zip 02916		Zip 02904	
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name DONALD A. BOWDEN		Director Name ROBYN D. POTHIER PH.D	
Street Address 70 PEARL AVE.		Street Address 183 C GRAVELLY HILL RD	
City KUMFORD	State RI	City PERKYVILLE	State RI
Zip 02916		Zip 02879	
Director Name RUTH CARPENTER		Director Name STEPHEN A. RONGO	
Street Address 78 RUSHMORE AVE.		Street Address 17 EDGEWOOD DR.	
City PROVIDENCE	State RI	City BARRINGTON	State RI
Zip 02909		Zip 02806	
8. REGISTERED AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.			

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

File Date
Check No
By
FOR SECRETARY OF STATE USE ONLY

FILED

JUN 02 2014

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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.

Signature of Officer or Authorized Representative
MERIBETH A. BOWDEN

Date
5-19-14