RI SOS Filing Number: 201699359530 Date: 05/24/2016 4:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | **Email:** corporations@sos.ri.gov | **Website:** www.sos.ri.gov

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.
2016 MAY 25 AM 8:08

Non-Profit Corporation Annual Report for the year: 2016
Filing period: June 1 - June 30
Filing Fee: $20.00 ***FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE**

1. Entity ID Number	2. Exact name of the Corporation		
29073	Volunteer Services for Animals		
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island		
R.I.	Promoting the Humane Treatment of Animals		
5. Principal Office Address	City	State	Zip
23 Dryden Lane	Providence	RI	02904

6. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Joanne J. Rongo			Vice-President Name:		
Street Address: 10 Gillen Street			Street Address:		
City: Providence	State: RI	Zip: 02904	City:	State:	Zip:
Secretary Name: Donna M. Petorella			Treasurer Name: Joanne J. Rongo		
Street Address: 33 Hollins Drive			Street Address: 10 Gillen Street		
City: Cranston	State: RI	Zip: 02920	City: Providence	State: RI	Zip: 02904

7. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment ☐

Director Name: Roseann Carlino			Director Name: Ruth G. Carpenter		
Street Address: 12 Ash Lane			Street Address: 78 Rushmore Avenue		
City: No. Providence	State: RI	Zip: 02911	City: Providence	State: RI	Zip: 02909
Director Name: Stephen A. Rongo			Director Name:		
Street Address: 19 Edgewood Drive			Street Address:		
City: Barrington	State: RI	Zip: 02806	City:	State:	Zip:

8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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
Donna M. Petorella	5-22-15

Signature of Officer/Authorized Representative
Donna M. Petorella SIGN DOCUMENT HERE

FILED
MAY 24 2016
By 275093

Form No. 631
Revised: 2016
137305-1-1119954