



## Department of State - Business Services Division

Annual Report for the year: **2016**

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

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BUS SVCS DIV

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1. Entity ID Number <b>592705</b>		2. Exact name of the Corporation <b>TAILS TO TEACH</b>	
3. State of Incorporation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>Providing Humane Education in RI's under-served urban schools</b>	
5. Principal Office Address <b>459 Tillinghast Rd</b>		City <b>East Greenwich</b>	State <b>RI</b>
		Zip <b>02818</b>	
6. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Joe Rodgers</b>		Vice-President Name <b>Andra Carneiro</b>	
Street Address <b>1463 Frenchtown Rd</b>		Street Address <b>161 West Shore Rd</b>	
City <b>East Greenwich</b>	State <b>RI</b>	City <b>Warwick</b>	State <b>RI</b>
Zip <b>02818</b>		Zip <b>02889</b>	
Secretary Name <b>Renee Sevligny</b>		Treasurer Name <b>Patti Reslow</b>	
Street Address <b>161 West Shore Rd</b>		Street Address <b>20 Old Greenwich Dr.</b>	
City <b>Warwick</b>	State <b>RI</b>	City <b>E. Greenwich</b>	State <b>RI</b>
Zip <b>02889</b>		Zip <b>02818</b>	
7. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Kimberly Nelson, DVM</b>		Director Name <b>Joe Devine</b>	
Street Address <b>201 Forge Rd</b>		Street Address <b>65 Partridge Run</b>	
City <b>North Kingstown</b>	State <b>RI</b>	City <b>East Greenwich</b>	State <b>RI</b>
Zip <b>02852</b>		Zip <b>02818</b>	
Director Name <b>Maura McKone</b>		Director Name	
Street Address <b>1463 Frenchtown Rd</b>		Street Address	
City <b>East Greenwich</b>	State <b>RI</b>	City	State
Zip <b>02818</b>		Zip	
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
<b>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.</b>			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative <b>LAURA J. CARLSON</b>			Date <b>3/23/2017</b>
Signature of Officer/Authorized Representative 			

FILED

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040

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BY JPB 300010