



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2016
Non-Profit Corporation

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 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2017 APR 20 AM 10:02

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number <u>789946</u>		2. Exact name of the Corporation <u>Tigersden</u>	
3. State of Incorporation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>Tigersden provides a service to the community by helping with pets medical bills, as well as providing help with homeless & abused animals</u>	
5. Principal Office Address <u>55 Caporal Street</u>		City <u>Cranston</u>	State <u>RI</u>
		Zip <u>02910</u>	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Melissa Davis</u>		Vice-President Name <u>James Petrella</u>	
Street Address <u>55 Caporal street</u>		Street Address <u>571 Public Street</u>	
City <u>Cranston</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
	Zip <u>02910</u>		Zip <u>02905</u>
Secretary Name		Treasurer Name <u>Melissa Davis</u>	
Street Address		Street Address <u>55 Caporal St.</u>	
City	State	City <u>Cranston</u>	State <u>RI</u>
	Zip		Zip <u>02910</u>
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>Jeanne Drazba</u>		Director Name <u>Heather Massarone</u>	
Street Address <u>571 North 1st Street</u>		Street Address <u>66 Hobson Ave</u>	
City <u>New Hyde Park</u>	State <u>NY</u>	City <u>North Prov.</u>	State <u>RI</u>
	Zip <u>11040</u>		Zip <u>02911</u>
Director Name <u>James Petrella</u>		Director Name	
Street Address <u>657 Public Street</u>		Street Address	
City <u>Providence</u>	State <u>RI</u>	City	State
	Zip <u>02905</u>		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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative <u>Melissa Davis</u>			Date <u>4/14/17</u>
Signature of Officer/Authorized Representative <u>Melissa Davis</u>			

SIGN DOCUMENT HERE **FILED**

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