



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

Annual Report for the year: 2017  
 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>29073</b>	2. Exact name of the Corporation <b>Volunteer Services for Animals</b>		
3. State of Incorporation <b>R.I.</b>	5. Brief description of the character of business conducted in Rhode Island <b>Promoting the Humane Treatment of Animals.</b>		
4. NAICS Code <b>81</b>			

6. Principal Office Address <b>23 Dryden Lane</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02904</b>
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7. List ALL officers (names and addresses) Check the box to indicate an attachment

President Name <b>Joanne J. Rongo</b>			Vice-President Name		
Street Address <b>10 Gillen Street</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02904</b>	City	State	Zip
Secretary Name <b>Donna M. Petorella</b>			Treasurer Name <b>Joanne J. Rongo</b>		
Street Address <b>33 Hollis Drive</b>			Street Address <b>10 Gillen Street</b>		
City <b>CRAWSTON</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02904</b>

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

Director Name <b>Roseann Carlino</b>			Director Name <b>Ruth E. Carpenter</b>		
Street Address <b>12 Ash Lane</b>			Street Address <b>78 Bushmore Avenue</b>		
City <b>No. Providence</b>	State <b>RI</b>	Zip <b>02911</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>
Director Name <b>Stephen A. Rongo</b>			Director Name		
Street Address <b>17 Edgewood Drive</b>			Street Address		
City <b>BARRINGTON</b>	State <b>RI</b>	Zip <b>02806</b>	City	State	Zip

9. 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 <b>DONNA M. PETORELLA</b>	Date <b>6-22-17</b>
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Signature of Officer/Authorized Representative <i>Donna M. Petorella</i>	<b>FILED</b>
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MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

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 BY CM 306642