



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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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>
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>				
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>		
Secretary Name <b>DONNA M. Petorella</b>		Treasurer Name <b>Joanne J. Rongo</b>		
Street Address <b>33 Hollins 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 <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>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>		
9. 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>				
<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 <b>DONNA M. Petorella</b>				Date <b>6-22-17</b>
Signature of Officer/Authorized Representative <b>Donna M. Petorella</b>				

**FILED**

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

JUN 22 2017

BY CM 306642

FORM 631 - Revised: 05/2017