



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

2018

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 122166		2. Exact name of the Corporation Defenders of Animals, Inc.			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island. The protection, care and advocacy of sick, injured and homeless animals through publication, legislative action and education			
5. Principal office address P.O. Box 5634, Weybosset Hill Station		City Providence		State RI	Zip 02903
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Dennis Tabella		Vice-President Name			
Street Address P.O. Box 5634, Weybosset Hill Station		Street Address			
City Providence	State RI	Zip 02903	City	State	Zip
Secretary Name Patricia Tabella		Treasurer Name			
Street Address P.O. Box 5634, Weybosset Hill Station		Street Address			
City Providence	State RI	Zip 02903	City	State	Zip
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Dennis Tabella		Director Name Maureen Morse			
Street Address P.O. Box 5634, Weybosset Hill Station		Street Address 833 Hartford Avenue			
City Providence	State RI	Zip 02903	City Johnston	State RI	Zip 02919
Director Name Patricia Tabella		Director Name			
Street Address P.O. Box 5634, Weybosset Hill Station		Street Address			
City Providence	State RI	Zip 02903	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer or Authorized Representative

Date

Dennis Tabella, President

FILED Print or Type Name of Officer or Authorized Representative

JUN 18 2018

BY

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