



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.<br><b>122166</b>                                                                                                                                          |                    | 2. Exact name of the Corporation<br><b>Defenders of Animals, Inc.</b>                                                                                                                                               |                         |                    |                     |
| 3. State of Incorporation<br><b>RI</b>                                                                                                                                     |                    | 4. Brief description of the character of business conducted in Rhode Island<br><b>The protection, care and advocacy of sick, injured and homeless animals through publication, legislative action and education</b> |                         |                    |                     |
| 5. Principal office address<br><b>P.O. Box 5634, Weybosset Hill Station</b>                                                                                                |                    | City<br><b>Providence</b>                                                                                                                                                                                           |                         | State<br><b>RI</b> | Zip<br><b>02903</b> |
| 6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>                                                                               |                    |                                                                                                                                                                                                                     |                         |                    |                     |
| President Name<br><b>Dennis Tabella</b>                                                                                                                                    |                    | Vice-President Name                                                                                                                                                                                                 |                         |                    |                     |
| Street Address<br><b>P.O. Box 5634, Weybosset Hill Station</b>                                                                                                             |                    | Street Address                                                                                                                                                                                                      |                         |                    |                     |
| City<br><b>Providence</b>                                                                                                                                                  | State<br><b>RI</b> | Zip<br><b>02903</b>                                                                                                                                                                                                 | City                    | State              | Zip                 |
| Secretary Name<br><b>Patricia Tabella</b>                                                                                                                                  |                    | Treasurer Name                                                                                                                                                                                                      |                         |                    |                     |
| Street Address<br><b>P.O. Box 5634, Weybosset Hill Station</b>                                                                                                             |                    | Street Address                                                                                                                                                                                                      |                         |                    |                     |
| City<br><b>Providence</b>                                                                                                                                                  | State<br><b>RI</b> | Zip<br><b>02903</b>                                                                                                                                                                                                 | 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<br><b>Dennis Tabella</b>                                                                                                                                     |                    | Director Name<br><b>Maureen Morse</b>                                                                                                                                                                               |                         |                    |                     |
| Street Address<br><b>P.O. Box 5634, Weybosset Hill Station</b>                                                                                                             |                    | Street Address<br><b>833 Hartford Avenue</b>                                                                                                                                                                        |                         |                    |                     |
| City<br><b>Providence</b>                                                                                                                                                  | State<br><b>RI</b> | Zip<br><b>02903</b>                                                                                                                                                                                                 | City<br><b>Johnston</b> | State<br><b>RI</b> | Zip<br><b>02919</b> |
| Director Name<br><b>Patricia Tabella</b>                                                                                                                                   |                    | Director Name                                                                                                                                                                                                       |                         |                    |                     |
| Street Address<br><b>P.O. Box 5634, Weybosset Hill Station</b>                                                                                                             |                    | Street Address                                                                                                                                                                                                      |                         |                    |                     |
| City<br><b>Providence</b>                                                                                                                                                  | State<br><b>RI</b> | Zip<br><b>02903</b>                                                                                                                                                                                                 | 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**

Print or Type Name of Officer or Authorized Representative

FILED

JUN 18 2018

BY

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