



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

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 SECRETARY OF STATE
 CORPORATIONS DIV

2018 OCT -9 PM 2:32

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.

1. Entity ID Number 592705		2. Exact name of the Corporation TAILS TO TEACH			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Providing Humane Education in RI schools			
4. NAICS Code 813319 - Other Social Advocacy					
6. Principal Office Address 459 Tillinghast Rd		City East Greenwich	State RI	Zip 02818	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Joe Rodgers		Vice-President Name Andrea Carneiro			
Street Address 1463 Frenchtown Rd		Street Address 161 West Shore Rd.			
City East Greenwich	State RI	Zip 02818	City Warwick	State RI	Zip 02889
Secretary Name Renee Sevigny		Treasurer Name Patti Reslow			
Street Address 161 West Shore Rd.		Street Address 20 Old Greenwich Ave			
City Warwick	State RI	Zip 02818	City E. Greenwich	State RI	Zip 02818
8. 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 Kimberly Nelson, DVM		Director Name Maura McKone			
Street Address 201 Forge Rd		Street Address 1463 Frenchtown Rd			
City North Kingstown	State RI	Zip 02852	City East Greenwich	State RI	Zip 02818
Director Name Meg Carnaroli		Director Name			
Street Address 60 Charles Harpin Rd.		Street Address			
City Scituate	State RI	Zip 02825	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.					
<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 LAURA J. CARLSON				Date 10/03/2018	
Signature of Officer/Authorized Representative <i>Laura J. Carlson</i> SIGN DOCUMENT HERE					

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

FILED
 BY *[Signature]*
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