

State of Rhode Island and Providence Plantations
Department of State - Business Services DivisionAnnual Report for the year:
Non-Profit Corporation2019

2019 MAY 29 PM 1:07

- 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 29073		2. Exact name of the Corporation VOLUNTEER SERVICES FOR ANIMALS	
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island PROMOTING THE HUMANE TREATMENT OF ANIMALS	
4. NAICS Code 813312			
6. Principal Office Address 23 DRYDEN LANE		City PROVIDENCE	State R.I.
		Zip 02904	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name JOANNE J. RONGO		Vice-President Name	
Street Address 10 GILLEN ST.		Street Address	
City PROVIDENCE	State RI	Zip 02904	
Secretary Name		Treasurer Name JOANNE J. RONGO	
Street Address		Street Address 10 GILLEN ST.	
City	State	Zip	
		PROVIDENCE	RI
		02904	
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 DONNA PETRORELLA		Director Name JOAN DEMARCO	
Street Address 33 HOLLINS DRIVE		Street Address 4 DAHLIA ST.	
City CRANSTON	State RI	Zip 02920	
		WARWICK	RI
		02888	
Director Name STEPHEN A. RONGO		Director Name RUTH E. CARPENTER	
Street Address 17 EDGEWOOD DRIVE		Street Address 78 RUSHMORE AVE.	
City BARRINGTON	State RI	Zip 02806	
		PROVIDENCE	RI
		02909	
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 JOANNE J. RONGO			Date 5.22.19
Signature of Officer/Authorized Representative <i>Joanne J. Rongo</i>			SIGN DOCUMENT HERE FILED

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BY CA YRPZV