



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2020

1. Corporate ID No. 001339285

2. Name of Corporation Volunteer Initiative for the Scituate Animal Shelter

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

6

813990

4. Corporate Address in Rhode Island

No. and Street: 484 FIELD HILL ROAD

City or Town: CLAYVILLE

State: RI

Zip: 02815

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

FOR CHARITABLE PURPOSES, UNDER TITLE 7-6 OF THE RHODE ISLAND GENERAL LAWS, TO RAISE FUNDS TO PROVIDE CARE FOR THE ANIMALS AT THE SCITUATE, RHODE ISLAND ANIMAL SHELTER, TO PROTECT THE WELFARE OF THE ANIMALS HOUSED AT THE SHELTER, AND TO FACILITATE IMPROVEMENTS TO THE MUNICIPAL SHELTER STRUCTURE AND EXTERNAL GROUNDS, WITH THE PERMISSION OF THE TOWN OF SCITUATE.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	JOHANNA SPARLING	484 FIELD HILL RD CLAYVILLE, RI 02815 USA
VICE PRESIDENT	PETER D SPARLING	484 FIELD HILL RD CLAYVILLE, RI 02815 USA
OTHER OFFICER	JOHANNA SPARLING	484 FIELD HILL ROAD CLAYVILLE, RI 02815
OTHER OFFICER	JOHANNA SPARLING	484 FIELD HILL ROAD CLAYVILLE, RI 02815
OTHER OFFICER	JOHANNA SPARLING	484 FIELD HILL ROAD CLAYVILLE, RI 02815
DIRECTOR	JOHANNA SPARLING	484 FIELD HILL RD. CLAYVILLE, RI 02815 USA
DIRECTOR	PETER D. SPARLING	484 FIELD HILL RD. CLAYVILLE, RI 02815 USA
DIRECTOR	JUSTINE MARIE MOREAU	6353 LAMPKINS BRIDGE RD. COLLEGE GROVE, TN 37046 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

JOHANNA SPARLING 484 FIELD HILL ROAD CLAYVILLE , RI 02815

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

Signed this 21 Day of May, 2020 at 6:11:05 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By JOHANNA SPARLING
Signature of Authorized Person

Form No. 631
Revised 09/07