



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

Annual Report for the year: 2020
 Non-Profit Corporation

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2020 MAY 21 PM 2:08

- 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 THE HUMANE TREATMENT OF ANIMALS.	
4. NAICS Code 813312			
6. Principal Office Address 249 WICKENDEN ST.		City PROVIDENCE	State R.I. Zip 02903
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	City PROVIDENCE State RI Zip 02904
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>			
Director Name DONNA PETORELLA		Director Name RUTH E. CARPENTER	
Street Address 16 A STREET		Street Address 78 RUSHMORE AVE.	
City CRASTON	State RI	Zip 02920	City PROVIDENCE State RI Zip 02909
Director Name STEPHEN A. RONGO		Director Name JOAN DEMARCO	
Street Address 17 EDGEWOOD DR.		Street Address 4 DAHLIA ST.	
City BARRINGTON	State RI	Zip 02806	City WARWICK State RI Zip 02888
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 DONNA M. PETORELLA			Date MAY 21, 2020
Signature of Officer/Authorized Representative Donna M Petorella			SIGN DOCUMENT HERE FILED

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

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ATTACHMENT FOR # 29073

VOLUNTEER SERVICES FOR ANIMALS

NAICS # 813312

PATRICIA MOLLOY, RN, PH.D.
44 APPIAN WAY
EAST PROVIDENCE, RI 02914

DEBRA LYN CORRIGAN
44 BROOKFIELD DR.
CRANSTON, RI 02920