RI SOS Filing Number: 202198417080 Date: 6/17/2021 4:00:00 PM

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

Annual Report for the year: 2021
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.

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1. Entity ID Number	2. Exact name of the Corporation
29073	VOLUNTEER SERVICES FOR ANIMALS
3. State of Incorporation: R.I.	5. Brief description of the character of business conducted in Rhode Island: HUMANE TREATMENT OF ANIMALS
4. NAICS Code: 813312	

6. Principal Office Address	City	State	Zip
249 WICKENDEN STREET	PROVIDENCE	RI	02903

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: JOANNE J. RONGO			Vice-President Name		
Street Address: 10 GILLEN STREET			Street Address		
City: PROVIDENCE	State: RI	Zip: 02904	City	State	Zip
Secretary Name			Treasurer Name: JOANNE J. RONGO		
Street Address			Street Address: 10 GILLEN STREET		
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 ☐

Director Name: DEBRA LYN CORRIGAN			Director Name: DONNA M. PETORELLA		
Street Address: 44 BROOKFIELD DRIVE			Street Address: 64 A STREET		
City: CRANSTON	State: RI	Zip: 02920	City: CRANSTON	State: R.I.	Zip: 02920
Director Name: JOAN DEMARCO			Director Name: STEPHEN A. RONGO		
Street Address: 4 DAHLIA STREET			Street Address: 17 EDGEWOOD DRIVE		
City: WARWICK	State: RI	Zip: 02888	City: BARRINGTON	State: RI	Zip: 02806

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	Date
DONNA M. Petorella	6-16-21

Signature of Officer/Authorized Representative: Donna M. Petorella

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

FORM 631 - Revised: 03/2019