RI SOS Filing Number: 202338941950 Date: 6/29/2023 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2023
Non-Profit Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of the Corporation
~~00078946~~ 189949	Tigersden
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Help Homeless Pets, Help Elerly with their pets, TNR
4. NAICS Code: 812910	

6. Principal Office Address	City	State	Zip
55 Caporal Street	Cranston	RI	02910

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

President Name: Melissa Davis			Vice-President Name: jEFFREY rO		
Street Address: 55 Caporal Street			Street Address: 27 zANFAGNA sTREET		
City: cRANSTON	State: ri	Zip: 02910	City: Johnston	State: RI	Zip: 02919
Secretary Name:			Treasurer Name: Melissa Davis		
Street Address:			Street Address: 55 Caporal Street		
City:	State:	Zip:	City: Cranston	State: RI	Zip: 02910

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: Jeffrey Ro			Director Name: Melissa Davis		
Street Address: 27 Zanfagna Street			Street Address: 55 Caporal Street		
City: Johnston	State: RI	Zip: 02919	City: Cranston	State: RI	Zip: 02910
Director Name: Rachel Goudvia - Green			Director Name:		
Street Address: 524 Broadway			Street Address:		
City: Newport	State: RI	Zip: 02890	City:	State:	Zip:

9. The Registered Agent information of record with the RI Department of State is accurate. 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
J effrey Ro	**6/28/2023**

Signature of Officer/Authorized Representative

FILED
JUN 29 2023
BY 2DAX9

AA.

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. 04/2023