



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:  
Non-Profit Corporation

2024

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

REC'D R005 BSD  
24 APR 23 PM 2:39:42

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 HUMANE TREATMENT OF ANIMALS	
4. NAICS Code 813319			
6. Principal Office Address 249 Wickenden St		City Providence	State RI
		Zip 02903	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name JOANNE T. RONGO		Vice-President Name	
Street Address 10 GILLEN ST.		Street Address	
City PROV	State RI	Zip 02904	
Secretary Name		Treasurer Name JOANNE T. RONGO	
Street Address		Street Address 10 GILLEN ST.	
City	State	Zip	
		City PROV	State RI
		Zip 02904	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name STEPHEN A. RONGO		Director Name ROBYN D. POTHIER PH.D	
Street Address 17 EDGEWOOD DR.		Street Address 1830 GRAVELLY HILL RD	
City BARRINGTON	State RI	Zip 0286	
		City PERRYVILLE	State RI
		Zip 02879	
Director Name JOAN DEMARCO		Director Name	
Street Address 4 DAHLIA ST.		Street Address	
City WARWICK	State RI	Zip 02888	
		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 STEPHEN A. RONGO			Date
Signature of Officer/Authorized Representative Stephen A. Rongo			

FILED

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

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BY ML 7277