



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:

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.

REC'D R005-850
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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) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JOANNE T. RONGO			Vice-President Name		
Street Address 10 GILLEN ST.			Street Address		
City PROV	State RI	Zip 02904	City	State	Zip
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. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name STEPHEN A. RONGO			Director Name ROBYN D. POTHIER PH.D		
Street Address 17 EDGEWOOD DR.			Street Address 183 C 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

FORM 631 - Revised: 06/2020