



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

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.

REC'D RHODE ISLAND
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1. Entity ID Number 000789946		2. Exact name of the Corporation Tigersden			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island BENEFIT HOMELESS AND ABUSED ANIMALS, ASSISTING ELDERLY WITH THEIR PETS AND RELATED ACTIVITIES			
4. NAICS Code 812910					
6. Principal Office Address 55 Caporal Street			City Cranston	State RI	Zip 02910
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
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		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 Jeffrey Ro			Director Name MARY HIZHAM		
Street Address 27 Zanfagna Street			Street Address 55 CAPORAL ST		
City Johnston	State RI	Zip 02919	City CRANSTON	State RI	Zip 02910
Director Name MELISSA DAVIS			Director Name		
Street Address 55 CAPORAL STREET			Street Address		
City CRANSTON	State RI	Zip 02910	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 Jeffrey Ro				Date 09/19/2024	
Signature of Officer/Authorized Representative				SEP 23 2024 BY K. HIZHAM 1054	

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