



State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2025
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 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 ALL ANIMALS AND ENVIRONMENTAL EDUCATION				
4. NAICS Code 813319					
6. Principal Office Address 10 GILLEN STREET		City PROVIDENCE	State RI	Zip 02904	
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 ROBYN C. POTHIER, PH.D			
Street Address 10 GILLEN ST.		Street Address 1830 GRAVELLY HILL RD.			
City PROVIDENCE	State RI	Zip 02904	City PERRYVILLE	State RI	Zip 02879
Secretary Name STEPHEN A. RONGO		Treasurer Name JOANNE T. RONGO			
Street Address 17 EDGEWOOD DRIVE		Street Address 10 GILLEN ST.			
City BARRINGTON	State RI	Zip 02806	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 <input type="checkbox"/>					
Director Name JOAN DE MARCO		Director Name SHARON L. RANDALL			
Street Address 4 DAHLIA STREET		Street Address 20 HOLDEN ST.			
City WARWICK	State RI	Zip 02888	City WARWICK	State RI	Zip 02888
Director Name ROBYN C. POTHIER, PH.D		Director Name STEPHEN A. RONGO			
Street Address 1830 GRAVELLY HILL RD.		Street Address 17 EDGEWOOD DR.			
City PERRYVILLE	State RI	Zip 02879	City BARRINGTON	State RI	Zip 02806
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative STEPHEN A. RONGO					Date 4.16.25
Signature of Officer/Authorized Representative <i>Stephen A. Rongo</i>					

FILED

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

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