



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 <b>29073</b>	2. Exact name of the Corporation <b>VOLUNTEER SERVICES FOR ANIMALS</b>		
3. State of Incorporation <b>R.I.</b>	5. Brief description of the character of business conducted in Rhode Island <b>HUMANE TREATMENT OF ALL ANIMALS AND ENVIRONMENTAL EDUCATION</b>		
4. NAICS Code <b>813319</b>			
6. Principal Office Address <b>10 GILLEN STREET</b>		City <b>PROVIDENCE</b>	State <b>RI</b>
		Zip <b>02904</b>	

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

President Name <b>JOANNE T. RONGO</b>			Vice-President Name <b>ROBYN C. POTHIER, PH.D.</b>		
Street Address <b>10 GILLEN ST.</b>			Street Address <b>1830 GRAVELLY HILL RD.</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>PERRYVILLE</b>	State <b>RI</b>	Zip <b>02879</b>
Secretary Name <b>STEPHEN A. RONGO</b>			Treasurer Name <b>JOANNE T. RONGO</b>		
Street Address <b>17 EDGEWOOD DRIVE</b>			Street Address <b>10 GILLEN ST.</b>		
City <b>BARRINGTON</b>	State <b>RI</b>	Zip <b>02806</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>

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

Director Name <b>JOAN DE MARCO</b>			Director Name <b>SHARON L. RANDALL</b>		
Street Address <b>4 DAHLIA STREET</b>			Street Address <b>20 HOLDEN ST.</b>		
City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02888</b>	City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02888</b>
Director Name <b>ROBYN C. POTHIER, PH.D.</b>			Director Name <b>STEPHEN A. RONGO</b>		
Street Address <b>1830 GRAVELLY HILL RD.</b>			Street Address <b>17 EDGEWOOD DR.</b>		
City <b>PERRYVILLE</b>	State <b>RI</b>	Zip <b>02879</b>	City <b>BARRINGTON</b>	State <b>RI</b>	Zip <b>02806</b>

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 <b>STEPHEN A. RONGO</b>	Date <b>4.16.25</b>
Signature of Officer/Authorized Representative 	

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

**FILED**  
APR 18 2025  
BY 7345 AA