



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2014**

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.
 Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 30425		2. Exact name of the Corporation The Tropical Fish Society of Rhode Island			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To increase the knowledge of aquarium keeping. Title 7-6			
5. Principal office address PO Box 132			City North Attleboro	State MA	Zip 02761-0132
President Name Paul Muscatiello		Vice-President Name Richard Burt			
Street Address 33 Young Avenue		Street Address 21 Indian Road			
City Norton	State MA	Zip 02766	City Riverside	State RI	Zip 02915
Secretary Name Judith Weinberg		Treasurer Name Richard W. Pierce			
Street Address 77 Mill Street		Street Address PO Box 132			
City Franklin	State MA	Zip 02038	City North Attleboro	State MA	Zip 02761-0132
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name George Goulart, Jr.		Director Name Kim Mullen			
Street Address 66 Armstrong Avenue		Street Address 57 Bishop Avenue			
City Providence	State RI	Zip 02903	City Rumford	State RI	Zip 02916
Director Name Roland Mandler		Director Name NONE			
Street Address 67 Basin Street		Street Address			
City Portsmouth	State RI	Zip 02871	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

FILED

JUL-01 2014

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.

File Date _____

Check No _____

By: _____

BY

3180

Signature of Officer or Authorized Representative

6/31/2014

Date

Richard W. Pierce

Print or Type Name of Officer or Authorized Representative