



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2016

**1. Corporate ID No.** 000419679

**2. Name of Corporation** FISH, INC.

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 141 CENTERVIEW DRIVE

City or Town: PORTSMOUTH

State: RI Zip: 02871 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street: 141 CENTERVIEW DRIVE

City or Town: PORTSMOUTH State: RI Zip: 02871 Country: UNI

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

PROVIDING FINANCIAL ASSISTANCE TO YOUTHS ENTERING INTO OR WHO ARE  
ALREADY MATRICULATED IN COLLEGE

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	JOHN C BURGESS	141 CENTERVIEW DRIVE PORTSMOUTH, RI 02871 USA
OTHER OFFICER	JOHN BURGESS	141 CENTERVIEW DRIVE PORTSMOUTH, RI 02871 UNI

DIRECTOR	ELIZABETH F BURGESS	141 CENTERVIEW DRIVE PORTSMOUTH, RI 02871 USA
DIRECTOR	KERI THORNTON	112 SHANNON ST. TIVERTON, RI 02878 USA
DIRECTOR	WILLIAM BURGESS	141 CENTERVIEW DR. PORTSMOUTH, RI 02871 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

JOHN C. BURGESS 141 CENTERVIEW DRIVE PORTSMOUTH , RI 02871

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

**Signed this 20 Day of June, 2016 at 3:34:57 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By PORTSMOUTH  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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