



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.** 000030425

**2. Name of Corporation** The Tropical Fish Society of Rhode Island, Inc.

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 25 BEACH STREET

City or Town: WRENTHAM, MA State: RI Zip: 02093 Country: USA

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

No. and Street:

City or Town: State: Zip: Country:

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

TO INCREASE THE KNOWLEDGE OF AQUARIUM KEEPING

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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	RICHARD BURT	21 INDIAN RD RIVERSIDE, RI 02915 US
TREASURER	KIRK W AMIDON	25 BEACH ST WRENTHAM, MA 02093 US
SECRETARY	CHRISSEY BLESSENGER	157 VERNDAL CT

		PROVIDENCE, RI 02905 US
DIRECTOR	DAVID SMITH	45 PEACH ORCHARD DR RIVERSIDE, RI 02915 USA
DIRECTOR	GEORGE GOULART, JR.	66 ARMSTRONG AVENUE PROVIDENCE, RI 02903 USA
DIRECTOR	KIARA CICCARELLI-HAND	885 RIVER AVE PROVIDENCE, RI 02908 USA
DIRECTOR	KIARA DUDLEY	1 SW MAIN ST DOUGLAS, MA 01516 US
DIRECTOR	WILLIAM HAHN	79 HARMONY CT WARWICK, RI 02889 US

**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**

PETER MARCHANT 95 LANE 2 WARWICK , RI 02888

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

**Signed this 31 Day of October, 2016 at 1:49:44 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 KIRK AMIDON  
Signature of Authorized Person

Form No. 631  
Revised 09/07