RI SOS Filing Number: 202566595640 Date: 2/27/2025 4:00:00 PM

State of Rhode Island

Department of Sta	ate - Busines	ss Services	Division	FILED		2	
Annual Report for the year:		1122		7 11 13			
Corporation			FEB 27 2025 7 1300				
Filing period: February 1 -	- 1002	2	850 2:17:				
→ Filing Fee: \$50.00 → Penalty: Additional \$25.00 fe	ee if form is not t	filed by May 31		BY_140,	2	228	
Entity ID Number 2. Exact name of the Corporation							
164673	THE AQUACULTURIST, INC.						
3. Principal Office Address			City State Zip				
28 BARRON ROAD			BARR	INGTON	RI	02806	
4. NAICS Code	Brief description of the character of business conducted in Rhode Island						
441120	SALE OF AQUARIUMS AND FISH						
5. State of incorporation]						
RHODE ISLAND	RHODE ISLAND						
7. List ALL officers (names and addresses) Check the box to indicate						te an attachment 🔲	
President Name BRANDON BASSETT			Vice-President Name SAME				
Street Address 28 BARRON ROAD			Street Address				
City BARRINGTON	State RI	^{Zip} 02806	City		State	Zıp	
Secretary Name SAME			Treasurer Name SAME				
Street Address	Street Address						
City	State	Zip	City		State	Zip	
8. List ALL directors (names and ac	Idresses)	т		Check the	box to indicat	te an attachment 🔲	
Director Name BRANDON BASSETT			Director Name				
Street Address 28 BARRON ROAD			Street Address				
City BARRINGTON	State RI	^{Zip} 02806	City		State	Zip	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zıp	City		State	Zip	
9. Shares Authorized	1	10. Shares Issu	ied .	Check the	box to indica	ite an attachment	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES			ASS/SERIES PAR VALUE		
		100		COMMON	NPV		
11 This report must be executed or	n behalf of the co	rogration by an ar	uthorized roa	recentative. If the corr	osation is in	the bands of a co	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.							
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.							
Name of Authorized Representative					Date		
BRANDON BASSETT					01/13/2025		
Signature of Authorized Representative							
MAIL TO:			-				

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov