



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

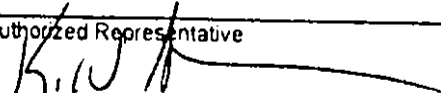
Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

REC'D RIDOS BSD
25 AUG 12 AM 9:32:57

1. Entity ID Number 000030425		2. Exact name of the Corporation THE TROPICAL FISH SOCIETY OF RHODE ISLAND, INC.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To increase and disseminate the knowledge of aquarium keeping as a non-profit service to aquarists everywhere.			
4. NAICS Code 813312					
6. Principal Office Address 171 Broad St		City North Attleboro		State MA	Zip 02760
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Richard Pierce			Vice-President Name Rick Burt		
Street Address 171 Broad St			Street Address 21 Indian Rd		
City North Attleboro	State MA	Zip 02760	City Riverside	State RI	Zip 02915
Secretary Name Rick Rego			Treasurer Name Kirk Amidon		
Street Address 109 MacArthur Rd			Street Address 25 Beach St		
City Swansea	State MA	Zip 02777	City Wrentham	State MA	Zip 02093
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Carol Brule			Director Name David Smith		
Street Address 39 Payton St			Street Address 45 Peach Orchard Dr		
City Providence	State RI	Zip 02905	City Riverside	State RI	Zip 02915
Director Name Nathan Justa			Director Name None		
Street Address 444 Osborn St Apt 3			Street Address None		
City Fall River	State MA	Zip 02724	City None	State	Zip
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 Kirk Amidon					Date 6/25/2025
Signature of Officer/Authorized Representative 					FILED

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

AUG 12 2025

BY

SFXX2

9:33

FORM 641 Revised 12/2024