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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
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.

1. Entity ID Number	2. Exact name of the Corporation
000030425	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	City	State	Zip
171 Broad St	North Attleboro	MA	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	Date
Kirk Amidon	**6/25/2025**

Signature of Officer/Authorized Representative: K. Amidon

FILED
AUG 12 2025
BY SFXX2
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MAIL TO:
Division of Business Services
148 W River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 Revised 12/2023