



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

JUN 13 2019 *OL*

Annual Report for the year:

Non-Profit Corporation

2019

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

RY 1075

1. Entity ID Number 000030067		2. Exact name of the Corporation Thornton Beagle Club	
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island Sportsman Club	
4. NAICS Code 813312		Training & Competing of Beagles	
6. Principal Office Address 35 Walker Road		City Foster	State R.I.
		Zip 02825	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Gregory Kahrhoff		Vice-President Name Andrew Kahrhoff	
Street Address 146 Sisson Rd.		Street Address 146 Sisson Rd	
City Greene	State RI.	City Greene	State RI.
Zip 02827		Zip 02827	
Secretary Name Carmel Reardon		Treasurer Name Susan A. Quigley	
Street Address 359 Tarbox Rd		Street Address 47 Willie Woodhead Rd.	
City Plainfield	State CT	City Chepachet	State RI
Zip 06374		Zip 02814	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Jerry Duarte		Director Name Tom Cardillo	
Street Address 30 Bryan Drive		Street Address 1809 Plainfield Pike	
City Taunton	State MA	City Johnston	State RI
Zip 02780		Zip 02919	
Director Name MANNY Dias		Director Name Leon Blanchette	
Street Address 70 Gene Allen Rd		Street Address 29 1/2 Foster Center Rd	
City N. Scituate	State RI	City Foster	State RI
Zip 02857		Zip 02825	
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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 Susan A. Quigley - Treasurer			Date June 12, 2019
Signature of Officer/Authorized Representative <i>Susan A. Quigley</i>			SIGN DOCUMENT HERE

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: 05/2017