RI SOS Filing Number: 202042403580 Date: 6/17/2020 4:00:00 PM

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

FILED
JUN 17 2020
1116

Annual Report for the year: 2020
Non-Profit Corporation

→ Filing period: June 1 - June 30
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by July 30.

1. Entity ID Number	2. Exact name of the Corporation
30067	Thornton Beagle Club
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Sportsman Club
4. NAICS Code: 813312	

6. Principal Office Address	City	State	Zip
37 Walker Road	Foster	RI	02825

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Gregory Kahrhoff	Andrew Kahrhoff
Street Address: 146 Sisson Rd	Street Address: 146 Sisson Rd
City: Greene, State: RI, Zip: 02827	City: Greene, State: RI, Zip: 02827
Secretary Name: Carmel Reardon	**Treasurer Name:** Susan Quigley
Street Address: 359 Tarbox Rd	Street Address: 47 Willie Woodhead Rd
City: Plainfield, State: CT, Zip: 06374	City: Chepachet, State: RI, Zip: 02814

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. — Check the box to indicate an attachment ☐

Director Name	Director Name
Steven Rouleau	MANNY Dias JR.
Street Address: 20 Snagwood Rd	Street Address: 70 Gene Allen Rd
City: Foster, State: RI, Zip: 02825	City: N. Scituate, State: RI, Zip: 02857
Director Name: Leon Blanchette	**Director Name:** Donald St. Germain
Street Address: 29 1/2 Foster Center Rd	Street Address: 42 cedar Grove Dr.
City: Foster, State: RI, Zip: 02825	City: Exeter, State: RI, Zip: 02822

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	Date
Susan Quigley	6/14/2020

Signature of Officer/Authorized Representative: Susan Quigley

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