

**State of Rhode Island
Office of the Secretary of State****Fee: \$20.00**Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040**Non-Profit Corporation
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024**1. Corporate ID No.** 000030067**2. Name of Corporation** THORNTON BEAGLE CLUB**3. State of Incorporation**State: RI**NAICS CODE**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

813312**4. Principal Office Address**No. and Street: 35 WALKER ROADCity or Town: FOSTERState: RIZip: 02825Country: USA**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**SPORTSMEN CLUB**6. Names and Addresses of the Officers and Directors:**

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title**Individual Name**

First, Middle, Last, Suffix

Address

Address, City or Town, State, Zip Code, Country

PRESIDENT	GREGORY P KAHRHOFF MR.	146 SISSON RD GREENE, RI 02827 USA
SECRETARY	CARMEL REARDON	359 TARBOX RD PLAINFIELD, CT 06374 USA
DIRECTOR	GARY REARDON	359 TARBOX RD PLAINFIELD , CT 06374 USA
AUX. DIRECTOR	MANNY DIAS	73 GENE ALLEN RD N.SCITUATE, RI 02857 USA
VIS.PRESIDENT	ANDREW BRIGGS KAHRHOFF	1043 PLAINFIELD PIKE STERLING, CT 06377 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

GREGORY KAHRHOFF 146 SISSON ROAD GREENE , RI 02827

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 15 Day of April, 2024 at 10:40:42 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By GREGORY KAHRHOFF
Signature of Authorized Person

Form No. 631
Revised 09/07

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