	State of Rhode Office of the Secreta		Fee: \$20.00
	Division Of Business	s Services	
	148 W. River S	treet	
	Providence RI 029	04-2615	
1636	(401) 222-30	40	
Non-Profit Corporation Annual Report Filing Period: February 1 - May	1		
In accordance with R.I.G.L. 7-6 annual report within the time pr penalty fee of \$25.00.			
ANNUAL REPORT YEAR - EN	TER THE CURRENT YEAR 2	024 : <u>2024</u>	
1. Corporate ID No. 00002	28766		
2. Name of Corporation \underline{Mou}	nt Tom Club		
3. State of Incorporation			
State: <u>RI</u>			
	NAICS CODE		
Using the dropdown labeled N primary type of activity in whic populate a NAICS Code based box on the right. For further as	ch your entity engages. The down the chosen selection. If	box to the right the NAICS Cod	of the dropdown will e is known, enter it into the
NAICS Code			
<u>813319</u>			
<u></u>			
4. Principal Office Address			
No. and Street: 511 ELM	GROVE AVENUE		
City or Town: <u>PROVIDE</u>		ate: <u>RI</u> Zip: (02906 Country: <u>USA</u>
5. Brief Description of the Ch			•
LAND CONSERVATION			
6. Names and Addresses of t	he Officers and Directors:		
All Directors and Officers mu Island Corporation shall not		e number of DI	RECTORS of a Rhode
Title	Individual Name		Address
	First, Middle, Last, Suffix	Address, City of	r Town, State, Zip Code, Country

PRESIDENT	DAVID KROESSLER DR.	511 ELMGROVE PROVIDENCE, RI 02906 USA
TREASURER	EDWARD ZIEGLER	9 LAUREL AVENUE PROVIDENCE, RI 02906 USA
SECRETARY	MARK HOFF	15 EMELINE STREET PROVIDENCE, RI 02906 USA
VICE PRESIDENT	WILL GLENN PHELPS	P.O. BOX 2809 NANTUCKET, MA 02584 USA
DIRECTOR	DAVID KROESSLER	511 ELMGROVE AVENUE PROVIDENCE, RI 02906 USA
DIRECTOR	JOHN SAHAGIAN	248 S. PIER RD. NARRAGANSETT, RI 02882 USA
DIRECTOR	EDWARD ZIEGLER	9 LAUREL AVENUE PROVIDENCE, RI 02906 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

JOSEPH R. MILLER, ESQ. 245 WATERMAN STREET, SUITE 403 PROVIDENCE , RI 02906-5215

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

Signed this 5 Day of May, 2024 at 8:46:29 PM 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 DAVID KROESSLER

Signature of Authorized Person

Form No. 631 Revised 09/07

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